

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004165

**FILED  
Mar 18, 2019  
Secretary of State  
7332151245CC**

**Entity Name:** WALTER KIDDE PORTABLE EQUIPMENT INC.

**Current Principal Place of Business:**

1016 CORPORATE PARK DRIVE  
MEBANE, NC 27302

**Current Mailing Address:**

1016 CORPORATE PARK DRIVE  
MEBANE, NC 27302 US

**FEI Number: 51-0305035**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           TROISE , ALEX  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title           DIRECTOR  
Name           HOUSTEN, ALEX  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title           DIRECTOR  
Name           REGELSBERGER, TODD  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title           PRESIDENT  
Name           HOUSTEN, ALEX  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title           SECRETARY  
Name           TROISE, ALEX  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title           TREASURER  
Name           REGELSBERGER, TODD  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title           ASSISTANT SECRETARY  
Name           QUERCIA, ANDREA M.  
Address        1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDREA M. QUERCIA**

**ASSISTANT SECRETARY    03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date