

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000097

Entity Name: IMMERSAVIEW, INC.**Current Principal Place of Business:**11315 CORPORATE BLVD
UNIVERSITY PARK BUILDING 500 SUITE 300
ORLANDO, FL 32817**Current Mailing Address:**4900 NW CAMAS MEADOWS DR
CAMAS, WA 98607 US**FEI Number:** 36-4857940**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CP
Name WIEGAND, RONALD
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title D
Name JONS, THOMAS
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title D
Name DEEDER, JOHN
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title S
Name FAIRBROTHER, WINSTON
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title T
Name CHILDRESS, DOUG
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title D
Name JONES, JAMES
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title D
Name PAULSON, LARRY
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

Title OFFICER
Name GUDGE, MATT
Address 4900 NW CAMAS MEADOWS DR
City-State-Zip: CAMAS WA 98607

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: DOUG CHILDRESS

CFO

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date