

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000002687

**Entity Name:** BRP US INC.**Current Principal Place of Business:**10101 SCIENCE DR  
STURTEVANT, WI 53177**Current Mailing Address:**726 ST. JOSEPH ST.  
ATTN. MARTIN LANGELIER  
VALCOURT QC NA J0E 2-L0, CA US**FEI Number:** 37-1341308**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        PRESIDENT, DIRECTOR  
Name        BOISJOLI, JOSE  
Address     726 ST JOSEPH ST  
City-State-Zip: VALCOURT J0E 2-L0

Title        CFO  
Name        MARTEL, SEBASTIEN  
Address     726 ST JOSEPH ST  
City-State-Zip: VALCOURT J0E 2-L0

Title        S  
Name        MARTIN, LANGELIER  
Address     726 ST JOSEPH ST  
City-State-Zip: VALCOURT NA J0E2L

Title        T  
Name        GAUTHIER, PASCAL  
Address     726 ST-JOSEPH  
City-State-Zip: VALCOURT NA J0E2L

Title        D  
Name        SCHROEDER, MICHAEL  
Address     10101 SCIENCE DRIVE  
City-State-Zip: STURTEVANT WI 53177

Title        DIRECTOR  
Name        BEAUDET, AMANDA S  
Address     10101 SCIENCE DRIVE  
City-State-Zip: STURTEVANT WI 53177

Title        VICE-PRESIDENT  
Name        COCCARI, ANDREW  
Address     7300 DALLAS PARKWAY  
             SUITE A120  
City-State-Zip: PLANO TEXAS 75024

Title        ASSISTANT TREASURER  
Name        CARPENTIER, MATHIEU  
Address     10101 SCIENCE DR  
City-State-Zip: STURTEVANT WI 53177

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*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:** MARTIN LANGELIER**SECRETARY****04/26/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name LATREILLE, JULIE  
Address 1292 RENE-LEVESQUE WEST  
SUITE 200  
City-State-Zip: VALCOURT QUEBEC J0E 2L0

Title VICE-PRESIDENT, DIRECTOR  
Name TRACY, CROCKER  
Address 10101 SCIENCE DR  
City-State-Zip: STURTEVANT WI 53177

Title ASSISTANT SECRETARY  
Name MORISSET, PAULE  
Address 1292 RENE-LEVESQUE WEST  
SUITE 200  
City-State-Zip: VALCOURT QUEBEC J0E 2L0