

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01608

Entity Name: BOAT/U.S., INC.**Current Principal Place of Business:**880 SOUTH PICKETT ST.
ALEXANDRIA, VA 22304**Current Mailing Address:**880 SOUTH PICKETT ST.
PO BOX 22381
ALEXANDRIA, VA 22304**FEI Number:** 54-1259466**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
Name	LA, KIRK
Address	880 SOUTH PICKETT ST.
City-State-Zip:	ALEXANDRIA VA 22304
Title	TREASURER
Name	AGUERREVERE, CECILIA J
Address	880 SOUTH PICKETT ST.
City-State-Zip:	ALEXANDRIA VA 22304
Title	VP
Name	PELLERIN, MICHAEL
Address	880 SOUTH PICKETT ST.
City-State-Zip:	ALEXANDRIA VA 22304

Title	SECRETARY
Name	KING, THOMAS R
Address	880 SOUTH PICKETT ST.
City-State-Zip:	ALEXANDRIA VA 22304
Title	CD
Name	HOLLER, JAMES B
Address	880 SOUTH PICKETT ST.
City-State-Zip:	ALEXANDRIA VA 22304

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: MICHAEL PELLERIN

VP

02/02/2015

Electronic Signature of Signing Officer/Director Detail_____
Date