

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005324

Entity Name: LOUD TECHNOLOGIES INC.**Current Principal Place of Business:**16220 WOOD-RED ROAD NE
WOODINVILLE, WA 98072**Current Mailing Address:**16220 WOOD-RED ROAD NE
WOODINVILLE, WA 98072**FEI Number:** 91-1432133**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	PCEO
Name	GRAHAM, MARK
Address	16220 WOOD-RED ROAD NE
City-State-Zip:	WOODINVILLE WA 98072

Title	CFOV
Name	KUEHN, CASE H
Address	16220 WOOD-RED ROAD NE
City-State-Zip:	WOODINVILLE WA 98072

Title	ST
Name	KUEHN, CASE H
Address	16220 WOOD-RED ROAD NE
City-State-Zip:	WOODINVILLE WA 98072

Title	DIRECTOR
Name	HAMM, JOHN
Address	26 PRESIDIO TERRACE
City-State-Zip:	SAN FRANCISCO CA 94119

Title	DIRECTOR
Name	GARFF, MATTHEW
Address	11111 SANTA MONICA BLVD SUITE 1050
City-State-Zip:	LOS ANGELES CA 90025

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: CASE KUEHN**SECRETARY****02/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date