

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005807

Entity Name: SHANNON & WILSON, INC.**Current Principal Place of Business:**400 N. 34TH ST.
SUITE 100
SEATTLE, WA 98103**Current Mailing Address:**400 N. 34TH ST.
SUITE 100
SEATTLE, WA 98103 US**FEI Number:** 91-0745357**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POPOVICH, MARK AVP
13400 SUTTON PK DR S
1001-4
JACKSONVILLE, FL 33324-0235 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	BUECHEL, GERARD J.
Address	4246 WEST MONTFORT
City-State-Zip:	SEATTLE WA 98199

Title	DIRECTOR
Name	ELLIS, HOLLIE L.
Address	2328 FRANKLIN AVE. E.
City-State-Zip:	SEATTLE WA 98102-3315

Title	SECRETARY
Name	ELLIS, HOLLIE L.
Address	2328 FRANKLIN AVE. E.
City-State-Zip:	SEATTLE WA 98102-3315

Title	TREASURER
Name	ELLIS, HOLLIE L.
Address	2328 FRANKLIN AVE. E.
City-State-Zip:	SEATTLE WA 98102-3315

Title	DIRECTOR
Name	FISCHER, GREGORY R.
Address	5383 S. LAMAR ST.
City-State-Zip:	LITTLETON CO 80123-5193

Title	DIRECTOR
Name	GODLEWSKI, PAUL M.
Address	3701 NE 148TH ST.
City-State-Zip:	SEATTLE WA 98155-7804

Title	DIRECTOR
Name	HEMRY, MATTHEW S.
Address	15943 SUNSET BENC CIRCLE
City-State-Zip:	ANCHORAGE AK 99516

Title	DIRECTOR
Name	MCCULLOCH, NEAL D.J.
Address	965 WINSLOW WAY EAST #101
City-State-Zip:	BAINBRIDGE ISLAND WA 98810

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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: HOLLIE L. ELLIS**SECRETARY****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHWAB, RUSSELL W.
Address	12843 HUNTERCREEK
City-State-Zip:	DES PERES MO 63131-2223