

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000950

FILED
Apr 23, 2019
Secretary of State
4105410491CC

Entity Name: 5.11, INC.

Current Principal Place of Business:

3201 NORTH AIRPORT WAY
MANTECA, CA 95336

Current Mailing Address:

3201 NORTH AIRPORT WAY
MANTECA, CA 95336 US

FEI Number: 61-1443499

Certificate of Status Desired: No

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 CEO
Name MORALES, FRANCISCO
Address 1360 REYNOLDS AVE
SUITE 101
City-State-Zip: IRVINE CA 92614

Title SECRETARY
Name WICKS, JOHN F
Address 3201 NORTH AIRPORT WAY
City-State-Zip: MANTECA CA 95336

Title CFO
Name MCGINTY, JIM
Address 1360 REYNOLDS AVE
SUITE 101
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name SAWTELLE, ZACHARY
Address 2010 MAIN STREET
SUITE 1220
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name MCLAUGHLIN, BETSY
Address 3201 NORTH AIRPORT WAY
City-State-Zip: MANTECA CA 95336

Title DIRECTOR
Name KNIGHT, KIP
Address 3201 NORTH AIRPORT WAY
City-State-Zip: MANTECA CA 95336

Title DIRECTOR
Name MENDENHALL, DUDLEY
Address 3201 NORTH AIRPORT WAY
City-State-Zip: MANTECA CA 95336

Title DIRECTOR
Name HYDE, MATT
Address 3201 NORTH AIRPORT WAY
City-State-Zip: MANTECA CA 95336

Continues on page 2

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: JOHN F. WICKS

SECRETARY

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ASST. SECRETARY
Name MACIARIELLO, PATRICK A.
Address 2010 MAIN STREET
 SUITE 1220
City-State-Zip: IRVINE CA 92614