

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004832

**FILED**  
**Mar 13, 2015**  
**Secretary of State**  
**CC1182261772**

**Entity Name:** BARRETTEWOOD USA, INC.

**Current Principal Place of Business:**

7830 FREEWAY CIRCLE  
MIDDLEBURG HEIGHTS, OH 44130

**Current Mailing Address:**

740 N. MAIN ST.  
BULLS GAP, TN 37711 US

**FEI Number:** 26-2849934

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
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 C  
Name BARRETTE, YVES  
Address 583 GRAND-BERNIER NORD  
City-State-Zip: ST. JEAN SUR-RICHELIEU QUEBEC J3B8K1

Title D  
Name BEDARD, MARC  
Address 583 GRAND-BERNIER NORD  
City-State-Zip: ST. JEAN SUR-RICHELIEU QUEBEC J3B8K1

Title P  
Name BARRETTE, BENOIT  
Address 583 GRAND-BERNIER NORD  
City-State-Zip: ST. JEAN SUR-RICHELIEU QUEBEC J3B8K1

Title S  
Name BLAIS, MARTIN  
Address 583 GRAND-BERNIER NORD  
City-State-Zip: ST. JEAN SUR-RICHELIEU QUEBEC J3B8K1

Title T  
Name KOHAGEN, GARY  
Address 740 NORTH MAIN STREET  
City-State-Zip: BULLS GAP TN 37711

*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: GARY KOHAGEN**

**TREASURER**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date