

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001585

Entity Name: LACROSSE UNLIMITED, INC.

Current Principal Place of Business:

145 MARCUS BLVD SUITE 2
HAUPPAUGE, NY 11788

Current Mailing Address:

145 MARCUS BLVD SUITE 2
HAUPPAUGE, NY 11788

FEI Number: 11-3028975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESIMONE, MICHAEL
6945 SE HARBOR CIRCLE
STUART, FL 34996 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 DESIMONE, JOSEPH
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

Title SECRETARY
Name DESIMONE, MICHAEL
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

Title DIRECTOR
Name ODDI, DAVID
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

Title DIRECTOR
Name MILLER, KEITH
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

Title DIRECTOR
Name DESIMONE , SAM
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

Title DIRECTOR
Name DESIMONE, JOSEPH
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

Title DIRECTOR
Name DESIMONE, MICHAEL
Address 145 MARCUS BLVD SUITE 2
City-State-Zip: HAUPPAUGE NY 11788

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: JOSEPH DESIMONE

PRESIDENT

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date