

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002031

**FILED  
Apr 20, 2016  
Secretary of State  
CC0160484476**

**Entity Name:** IMPACT FIRE SERVICES CORPORATION

**Current Principal Place of Business:**

1285 N. POST OAK  
SUITE 102  
HOUSTON, TX 77055

**Current Mailing Address:**

1285 N. POST OAK  
SUITE 102  
HOUSTON, TX 77055 US

**FEI Number:** 27-0630522

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            TAYLOR, JOHN  
Address        1285 N. POST OAK  
                 SUITE 102  
City-State-Zip: HOUSTON TX 77055

Title            VP  
Name            FOWLER, BENJAMIN  
Address        1285 N. POST OAK  
                 SUITE 102  
City-State-Zip: HOUSTON TX 77055

Title            AUTHORIZED REPRESENTATIVE  
Name            CLAPS, FRANCIS  
Address        1285 N. POST OAK  
                 SUITE 102  
City-State-Zip: HOUSTON TX 77055

*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:** FRANCIS CLAPS

**AUTHORIZED  
REPRESENTATIVE**

**04/20/2016**

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

\_\_\_\_\_  
Date