## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003429

Entity Name: CRADLEPOINT, INC.

1111 W JEFFERSON STREET, SUITE 400

**Current Principal Place of Business:** 

BOISE. ID 83702

**Current Mailing Address:** 

1111 W JEFFERSON STREET, SUITE 400

**BOISE ID 83702** 

400

400

BOISE, ID 83702 US

FEI Number: 68-0633402 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST 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:

City-State-Zip:

City-State-Zip:

Date Electronic Signature of Registered Agent

City-State-Zip:

**BOISE ID 83702** 

Officer/Director Detail :

Title CEO AND CHAIRMAN OF THE BOARD Title DIRECTOR

MULHERN, GEORGE Name Name LEWIS, LEGRAND

1111 W JEFFERSON STREET, SUITE Address 1111 W JEFFERSON STREET, SUITE Address

BOISE ID 83702 City-State-Zip: **BOISE ID 83702** 

Title DIRECTOR Title DIRECTOR

Name LANGELER, GERARD Name BELLUZZO, RICHARD

Address 1111 W JEFFERSON STREET, SUITE Address 1111 W JEFFERSON STREET, SUITE

400

CFO Title Title **DIRECTOR** 

Name HEUSINKVELD, VAL Name WARNOCK, GREG

Address 1111 W JEFFERSON STREET, SUITE Address 1111 W JEFFERSON STREET, SUITE

400

City-State-Zip: **BOISE ID 83702** City-State-Zip: BOISE ID 83702

Title **DIRECTOR** Title **DIRECTOR** MIKA, RON Name MYER, MIKE Name

Address 1111 W JEFFERSON STREET, SUITE Address 1111 W JEFFERSON STREET, SUITE 400

BOISE ID 83702 City-State-Zip: BOISE ID 83702 City-State-Zip:

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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.

04/08/2019 SIGNATURE: VAL HEUSINKVELD **CFO** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 08, 2019

**Secretary of State** 

1908352312CC

## Officer/Director Detail Continued:

Title DIRECTOR

Name GILSTRAP, DOUG

Address 1111 W JEFFERSON STREET, SUITE 400

City-State-Zip: BOISE ID 83702

Title SECRETARY
Name BOYD, PAUL

Address 1111 W JEFFERSON STREET, SUITE 400

City-State-Zip: BOISE ID 83702

Title DIRECTOR

Name ROBINSON, MATT

Address 1111 W JEFFERSON STREET, SUITE

400

City-State-Zip: BOISE ID 83702