## **2020 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:** 

1111W JEFFERSON STREET, SUITE 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

400

400

400

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

City-State-Zip: 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

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

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:

## 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.

02/19/2020 SIGNATURE: VALERIE HEUSINKVELD **CFO** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 19, 2020

**Secretary of State** 

6447481371CC

Date

## Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

GILSTRAP, DOUG ROBINSON, MATT Name Name

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

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