

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096017

Entity Name: ONTARIO WAREHOUSE I, INC.**Current Principal Place of Business:**1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308**FEI Number: 59-3413039****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	D
Name	SIGRIST, KEVIN
Address	1801 HERMITAGE BOULEVARD, SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308
Title	DVPS
Name	GRAY, LYNNE M
Address	1801 HERMITAGE BLVD., SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308
Title	VTAS
Name	HANSON, JENNIFER A
Address	8750 N CENTRAL EX PWY #800
City-State-Zip:	DALLAS TX 75231

Title	P
Name	FARALDO, MARK P
Address	8750 NORTH CENTRAL EXPRESSWAY #800
City-State-Zip:	DALLAS TX 75237
Title	DVP
Name	SPOOK, STEPHEN A
Address	1801 HERMITAGE BLVD #100
City-State-Zip:	TALLAHASSEE FL 32308
Title	VPAT
Name	CURTIS, MERRILL
Address	8750 N CENTRAL EXPWY, SUITE 800
City-State-Zip:	DALLAS TX 75231

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: MARK P FARALDO**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date