

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000365

Entity Name: ACTS ACQUISITION COMPANY, LLC**Current Principal Place of Business:**375 MORRIS ROAD
WEST POINT, PA 19486**Current Mailing Address:**375 MORRIS ROAD
PO BOX 90
WEST POINT, PA 19486 US**FEI Number:** 23-1900132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYAN, GEORGE R
6051 VERDI TRAIL SOUTH
BOCA RATON, FL 33433 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:** GEORGE R. BRYAN

04/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, CHAIRMAN
Name DUNN, THOMAS AIII
Address 375 MORRIS RD.
City-State-Zip: WEST POINT PA 19486

Title CEO
Name GRANT, GERALD T
Address 375 MORRIS RD.
City-State-Zip: WEST POINT PA 19486

Title MGR
Name MASHNER, MARVIN
Address 375 MORRIS RD.
City-State-Zip: WEST POINT PA 19486

Title MGR
Name DAVIS, DONALD L
Address 375 MORRIS RD
City-State-Zip: WEST POINT PA 19486

Title TREASURER
Name CHRISTIANSEN, KAREN
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486

Title SECRETARY
Name FOX, GLENN D ESQ.
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486

Title EVP
Name COXSON, CHARLES III
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486

Title MANAGER
Name ESTERHAI, JOHN
Address 375 MORRIS ROAD
PO BOX 90
City-State-Zip: WEST POINT PA 19486

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLENN FOX**SENIOR VICE PRESIDENT** 04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date