

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004991

Entity Name: IMPERIAL SUPPLIES LLC

Current Principal Place of Business:

789 ARMED FORCES DRIVE
GREEN BAY, WI 54304

Current Mailing Address:

100 GRAINGER PARKWAY
LAKE FOREST, IL 60045

FEI Number: 56-2339119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Authorized Person(s) Detail :

Title MGR
Name HOWARD, JOHN L
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MGR
Name JADIN, RONALD L
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MGR
Name RYAN, JAMES T
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MGR
Name GILSON, ROBIN L
Address 789 ARMED FORCES DRIVE
City-State-Zip: GREEN BAY WI 54307

Title MGR
Name KAYE, THOMAS H
Address 789 ARMED FORCES DRIVE
City-State-Zip: GREEN BAY WI 54307

Title MGR
Name HOWARD, MICHAEL L
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name DUBOVOY, JR, HUGO L II
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name LOMAX, WILLIAM
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

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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 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: MICHAEL L. HOWARD

ASSISTANT SECRETARY 04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name WEST, PHILIP M
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name SOUTHALL, NONI ELLISON
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045