

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004991

Entity Name: IMPERIAL SUPPLIES LLC

Current Principal Place of Business:

789 ARMED FORCES DRIVE
GREEN BAY, FL 54304

Current Mailing Address:

789 ARMED FORCES DRIVE
GREEN BAY, FL 54304 US

FEI Number: 56-2339119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

_____ Date

Authorized Person(s) Detail :

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

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

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

Title ASSISTANT SECRETARY
Name CHUN HUGHES, JOANNE
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title SECRETARY
Name DUBOVOY, HUGO JR.
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title VP
Name TAPIA, ERIC R.
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name OKRAY, THOMAS B.
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name OLER, DEBRA S.
Address 100 GRAINGER PARKWAY
City-State-Zip: LAKE FOREST IL 60045

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: JOANNE CHUN HUGHES

ASSISTANT SECRETARY 02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date