

**2017 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 MACPHERSON, DONALD G  
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 TAPIA, ERIC  
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** 04/20/2017

\_\_\_\_\_ 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