

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000558

Entity Name: COOPER B-LINE, INC.**Current Principal Place of Business:**1000 EATON BLVD.
CLEVELAND, OH 44122**Current Mailing Address:**1000 EATON BLVD.
MAIL CODE 2N
CLEVELAND, OH 44122 US**FEI Number: 76-0638615****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**Officer/Director Detail :**

Title PRESIDENT
Name CHALKE, NITIN
Address 1000 EATON BLVD.
City-State-Zip: CLEVELAND OH 44122

Title VP, TREASURER
Name PARK, KIRSTEN
Address 1000 EATON BOULEVARD
City-State-Zip: CLEVELAND OH 44122

Title VP, SECRETARY
Name WRIGHT, LIZBETH L
Address 1000 EATON BOULEVARD
City-State-Zip: CLEVELAND OH 44122

Title VP, CFO, DIRECTOR
Name OKRAY, THOMAS B
Address 1000 EATON BOULEVARD
City-State-Zip: CLEVELAND OH 44122

Title VP
Name DENTLER, DOUG
Address 1000 EATON BLVD.
City-State-Zip: CLEVELAND OH 44122

Title VP, CONTROLLER
Name HOPGOOD, DANIEL D
Address 1000 EATON BOULEVARD
City-State-Zip: CLEVELAND OH 44122

Title VP, DIRECTOR, GENERAL COUNSEL
Name BOISE, APRIL MILLER
Address 1000 EATON BOULEVARD
City-State-Zip: CLEVELAND OH 44122

Title VP, ASST. SECRETARY
Name SZMAGALA, TARAS G
Address 1000 EATON BLVD.
City-State-Zip: CLEVELAND OH 44122

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: KIRSTEN PARK**TREASURER****04/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date