

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004766

Entity Name: TCI POWDER COATINGS, INC.**Current Principal Place of Business:**734 DIXON DRIVE
ELLAVILLE, GA 31806**Current Mailing Address:**PO BOX 13
ELLAVILLE, GA 31806**FEI Number: 58-1718771****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PD
Name GREENE, DOUGLAS G
Address 734 DIXON DRIVE, P.O. BOX 13
City-State-Zip: ELLAVILLE GA 31806

Title VP OF FINANCE
Name COOK, GERALD
Address 734 DIXON DRIVE, P.O. BOX 13
City-State-Zip: ELLAVILLE GA 31806

Title VP, LAB DIRECTOR
Name SLADE, JOSEPH
Address 734 DIXON DRIVE, P.O. BOX 13
City-State-Zip: ELLAVILLE GA 31806

Title SECRETARY, DIRECTOR
Name MOORE, EDWARD W
Address 2628 PEARL ROAD
City-State-Zip: MEDINA OH 44256

Title VP SALES AND MARKETING
Name BOSTOCK, JOHN J
Address 734 DIXON DRIVE
City-State-Zip: ELLAVILLE GA 31806

Title VP, PRODUCT DEVELOPMENT
Name HOLLOWAY, SHELDON
Address 734 DIXON DRIVE
City-State-Zip: ELLAVILLE GA 31806

Title ASST. SECRETARY
Name NOTA, KENNETH A
Address 1901 MORRILL STREET
City-State-Zip: SARASOTA FL 34236

Title ASST. SECRETARY, DIRECTOR
Name RICE, RONALD A
Address 2628 PEARL ROAD
City-State-Zip: MEDINA OH 44256

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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 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: GERALD COOK**04/17/2017****04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name CRANDALL, TRACY D
Address 2628 PEARL ROAD
City-State-Zip: MEDINA OH 44256

Title DIRECTOR
Name KNOOP, STEPHEN J
Address 1901 MORRILL STREET
City-State-Zip: SARASOTA FL 34236