

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005793

Entity Name: BEST VENDORS MANAGEMENT, INC.

Current Principal Place of Business:

4150 OLSON MEMORIAL HIGHWAY
STE 200
MINNEAPOLIS, MN 55422

Current Mailing Address:

C/O TAX DEPT
2400 YORKMONT RD.
CHARLOTTE, NC 28217

FEI Number: 42-1607162

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

Officer/Director Detail :

Title ASST. SECRETARY
Name ROSSITCH, RICHARD
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title DIRECTOR, EXE VP
Name BROWN, C PALMER
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name DELANO, DEBORAH K
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name BRIOTTE, KRISTIN E
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title DIRECTOR
Name MEREDITH, ADRIAN
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title TREASURER
Name THOMAS, DANIEL
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title CFO
Name GOLDRING, DAVID
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title PRESIDENT
Name RICHARD, PHIL
Address 700 MEADOW LANE N
400
City-State-Zip: MINNEAPOLIS MN 55422

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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: C PALMER BROWN

EXE VP

04/20/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title EXE VICE PRESIDENT, GENERAL COUNSEL &
 SECRETARY
Name MCCONNELL, JENNIFER
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217