# 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0600000252

Entity Name: SCOTT GROSS COMPANY, INC.

# **Current Principal Place of Business:**

4900 FALLS OF NEUSE ROAD SUITE 150 RALEIGH, NC 27609

# **Current Mailing Address:**

4900 FALLS OF NEUSE ROAD SUITE 150 RALEIGH, NC 27609 US

# FEI Number: 61-0429029

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Jan 10, 2018 Secretary of State CC4740972967

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	CHIEF EXECUTIVE OFFICER,	Title	SECRETARY
Name	PRESIDENT GOLLIDAY, GEORGE V.	Name	MOLIN, NANCY J.
Address	4900 FALLS OF NEUSE ROAD	Address	4900 FALLS OF NEUSE ROAD SUITE 150
City-State-Zip:	SUITE 150 RALEIGH NC 27609	City-State-Zip:	RALEIGH NC 27609
Title	DIRECTOR	Title	DIRECTOR
Name	SLOAN, O. TEMPLE JR.	Name	HENLINE, CLIFFORD H. JR.
Address	4900 FALLS OF NEUSE ROAD	Address	4900 FALLS OF NEUSE ROAD SUITE 150
City-State-Zip:	SUITE 150 RALEIGH NC 27609	City-State-Zip:	RALEIGH NC 27609
		Title	DIRECTOR
<b>T</b> :41		THE	DIRECTOR
Title	DIRECTOR, ASSISTANT SECRETARY	Name	GARDNER, JOHN W.
Name	HARDING, MATTHEW S.		
	HARDING, MATTHEW S. 4900 FALLS OF NEUSE ROAD	Name	GARDNER, JOHN W.
Name	HARDING, MATTHEW S. 4900 FALLS OF NEUSE ROAD SUITE 150	Name	GARDNER, JOHN W. 4900 FALLS OF NEUSE ROAD SUITE 150
Name Address	HARDING, MATTHEW S. 4900 FALLS OF NEUSE ROAD SUITE 150	Name Address	GARDNER, JOHN W. 4900 FALLS OF NEUSE ROAD SUITE 150
Name Address City-State-Zip:	HARDING, MATTHEW S. 4900 FALLS OF NEUSE ROAD SUITE 150 RALEIGH NC 27609 DIRECTOR, SENIOR VICE	Name Address	GARDNER, JOHN W. 4900 FALLS OF NEUSE ROAD SUITE 150
Name Address City-State-Zip: Title	HARDING, MATTHEW S. 4900 FALLS OF NEUSE ROAD SUITE 150 RALEIGH NC 27609 DIRECTOR, SENIOR VICE PRESIDENT, TREASURER	Name Address	GARDNER, JOHN W. 4900 FALLS OF NEUSE ROAD SUITE 150

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: NANCY J. MOLIN

SECRETARY

01/10/2018

Date

Electronic Signature of Signing Officer/Director Detail