

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004840

**Entity Name:** MASTRONARDI PRODUCE-USA, INC.

**Current Principal Place of Business:**

28700 PLYMOUTH ROAD  
LIVONIA, MI 48150-2336

**Current Mailing Address:**

28700 PLYMOUTH ROAD  
LIVONIA, MI 48150-2336

**FEI Number:** 20-3902640

**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            PRES  
Name            MASTRONARDI, PAUL  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150

Title            TREASURER  
Name            SAFRANCE, MARNE  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150

Title            COO  
Name            SAFRANCE, KEVIN  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150

Title            CFO  
Name            ATTRIDGE, STEVE  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150

Title            CTRL  
Name            OBRIEN, AVEC G  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150

Title            CHRM  
Name            MASTRONARDI, DON  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150

Title            SECRETARY  
Name            EINSTANDIG, DAVID  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150-2336

Title            VP  
Name            MARKS, KIMBERLEY  
Address        28700 PLYMOUTH ROAD  
City-State-Zip: LIVONIA MI 48150-2336

*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:** AVEC OBRIEN

**CONTROLLER**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date