

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003704

**Entity Name:** NATIONAL COATINGS & SUPPLIES, 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:** 26-3594506**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 DIRECTOR  
Name SLOAN, O. TEMPLE III  
Address 4903 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name SLOAN, C. HAMILTON JR.  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name LOFTIN, JAY G. JR.  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name LAVRACK, WAYNE D.  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name EVANS, CARLOS E.  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name MYERS, JAMES R.  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name HENLINE, CLIFFORD H. JR.  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name SLOAN, O. TEMPLE JR.  
Address 4904 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

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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:** NICHOLAS BABBS**AUTHORIZED PERSON****04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name BABBS, NICHOLAS  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title SECRETARY  
Name KECK, KAREN  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609

Title CHIEF EXECUTIVE OFFICER,  
PRESIDENT  
Name LEAVY, JOHN  
Address 4900 FALLS OF NEUSE ROAD  
SUITE 150  
City-State-Zip: RALEIGH NC 27609