

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001302

Entity Name: LAWSON PRODUCTS, INC.**Current Principal Place of Business:**8770 W. BRYN MAWR AVENUE
SUITE 900
CHICAGO, IL 60631**Current Mailing Address:**8770 W. BRYN MAWR AVENUE
SUITE 900
CHICAGO, IL 60631 US**FEI Number:** 80-0496603**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	PRESIDENT AND CEO
Name	DECATA, MICHAEL G
Address	8770 W. BRYN MAWR AVENUE SUITE 900
City-State-Zip:	CHICAGO IL 60631

Title	SR. VICE PRESIDENT, SUPPLY CHAIN
Name	MCCARTHY, SHANE
Address	8770 W. BRYN MAWR AVENUE SUITE 900
City-State-Zip:	CHICAGO IL 60631

Title	EVP, SECRETARY
Name	JENKINS, NEIL E
Address	8770 W. BRYN MAWR AVENUE SUITE 900
City-State-Zip:	CHICAGO IL 60631

Title	EXEC VP, CFO
Name	KNUTSON, RONALD
Address	8770 W. BRYN MAWR AVENUE SUITE 900
City-State-Zip:	CHICAGO IL 60631

Title	SENIOR VICE PRESIDENT, SALES
Name	BROWN, MATTHEW
Address	8770 W. BRYN MAWR AVENUE SUITE 900
City-State-Zip:	CHICAGO IL 60631

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: NEIL E. JENKINS**SECRETARY****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date