## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001311

Entity Name: PREMIER SUPPLY CHAIN IMPROVEMENT, INC.

FILED
Mar 06, 2013
Secretary of State
CC3196119881

## **Current Principal Place of Business:**

13034 BALLANTYNE CORP. PL. CHARLOTTE. NC 28277

## **Current Mailing Address:**

13034 BALLANTYNE CORP. PL. CHARLOTTE, NC 28277

FEI Number: 32-0066268 Certificate of Status Desired: Yes

## 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
 CEO
 Title
 CFO/TREASURER

 Name
 DEVORE, SUSAN D
 Name
 MCKASSON, CRAIG S

Address 13034 BALLANTYNE CORP. PL. Address 13034 BALLANTYNE CORP. PL.

City-State-Zip: CHARLOTTE NC 28277 City-State-Zip: CHARLOTTE NC 28277

Title SEC Title DIRE

Name FORREST, ANNA-MARIE Name DEVORE, SUSAN D

Address 13034 BALLANTYNE CORP. PL Address 13034 BALLANTYNE CORP. PL

City-State-Zip: CHARLOTTE NC 28277 City-State-Zip: CHARLOTTE NC 28277

Title DIRE Title ASST. TREASURER

Name MCKASSON, CRAIG S Name STEIN, LISA

Address 13034 BALLANTYNE CORP. PL. Address 13034 BALLANTYNE CORPORATE PL.

City-State-Zip: CHARLOTTE NC 28277 City-State-Zip: CHARLOTTE NC 28277

Title COO

Name MICHAEL, ALKIRE

Address 13034 BALLANTYNE CORPORATE PL.

City-State-Zip: CHARLOTTE NC 28277

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: ANNA-MARIE FORREST SECRETARY 03/06/2013

Electronic Signature of Signing Officer/Director Detail

Date