## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003359

Entity Name: ACTION PRODUCTS MARKETING CORP.

**Current Principal Place of Business:** 

6250 NW BEAVER DR., SUITE 1 JOHNSTON, IA 50131

**Current Mailing Address:** 

P. O. BOX 555

JOHNSTON, IA 50131

FEI Number: 42-1321288 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD 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

**FILED** Apr 26, 2018

Secretary of State

CC0307296097

Officer/Director Detail :

Title **PRESIDENT** Title VPT

SHOOK, WILLIAM E Name Name WALKER, KEITH R 11269 WINE PALM RD. Address Address 6701 NW 97TH STREET City-State-Zip: JOHNSTON IA 50131 FT. MYERS FL 33966 City-State-Zip:

Title CEO, DIRECTOR Title VP, ASSISTANT SECRETARY,

DIRECTOR

QUICK, LARRY A. Name NELSON, GORDON L. JR. Name

27 MAIN STREET, 2ND FLOOR Address

SUITE 1 City-State-Zip: JOHNSTON FL 50131-1379 City-State-Zip: CONCORD MA 01742

Address

6250 NW BEAVER DRIVE

**SUITE 1800** 

Title VP, DIRECTOR Title VP, DIRECTOR Name TOLMIE. DAVID M. GORDON, JAMES A. Name

Address 900 N. MICHIGAN AVENUE Address 900 N.MICHIGAN AVENUE

**SUITE 1800** 

City-State-Zip: CHICAGO IL 60611 CHICAGO IL 60611 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name ZALAZNICK, DAVID W. PEISER, BRIAN L. Name

Address 9 WEST 57TH STREET 900 N. MICHIGAN AVENUE Address

**SUITE 1800** 33RD FLOOR

City-State-Zip: NEW YORK NY 10019 City-State-Zip: CHICAGO IL 60611

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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.

04/26/2018 SIGNATURE: JACINTA M MOORE **VP** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP

Name MOORE, JACINTA M. Name RIST, STEVEN L.

Address 5600 N RIVER RD Address 4520 MAIN STREET

SUITE 800 SUITE 1100

Title

**SECRETARY** 

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: KANSAS CITY MO 64111