

**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHOOK, WILLIAM E  
Address        11269 WINE PALM RD.  
City-State-Zip: FT. MYERS FL 33966

Title            VPT  
Name            WALKER, KEITH R  
Address        6701 NW 97TH STREET  
City-State-Zip: JOHNSTON IA 50131

Title            VP, ASSISTANT SECRETARY,  
DIRECTOR  
Name            NELSON, GORDON L. JR.  
Address        27 MAIN STREET, 2ND FLOOR  
City-State-Zip: CONCORD MA 01742

Title            CEO, DIRECTOR  
Name            QUICK, LARRY A.  
Address        6250 NW BEAVER DRIVE  
SUITE 1  
City-State-Zip: JOHNSTON FL 50131-1379

Title            VP, DIRECTOR  
Name            GORDON, JAMES A.  
Address        900 N. MICHIGAN AVENUE  
SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title            VP, DIRECTOR  
Name            TOLMIE, DAVID M.  
Address        900 N. MICHIGAN AVENUE  
SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title            DIRECTOR  
Name            PEISER, BRIAN L.  
Address        900 N. MICHIGAN AVENUE  
SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title            DIRECTOR  
Name            ZALAZNICK, DAVID W.  
Address        9 WEST 57TH STREET  
33RD FLOOR  
City-State-Zip: NEW YORK NY 10019

**Continues on page 2**

*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:** JACINTA M MOORE

VP

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name MOORE, JACINTA M.  
Address 5600 N RIVER RD  
SUITE 800  
City-State-Zip: ROSEMONT IL 60018

Title SECRETARY  
Name RIST, STEVEN L.  
Address 4520 MAIN STREET  
SUITE 1100  
City-State-Zip: KANSAS CITY MO 64111