

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003720

**Entity Name:** HOME DELIVERY INCONTINENT SUPPLIES, CO.

**Current Principal Place of Business:**

9385 DIELMAN INDUSTRIAL DR  
OLIVETTE, MO 63132

**Current Mailing Address:**

9385 DIELMAN INDUSTRIAL DR  
OLIVETTE, MO 63132

**FEI Number:** 43-1511171

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JONES, CAROL  
1310 SOUTH RIDGEWOOD AVE  
UNIT 160  
DAYTONA BEACH, FL 32114 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            CPT  
Name            GRENCH, BRUCE  
Address        9385 DIELMAN INDUSTRIAL DR  
City-State-Zip: OLIVETTE MO 63132

Title            VP  
Name            FLINT, BRIAN  
Address        9385 DIELMAN INDUSTRIAL DR  
City-State-Zip: OLIVETTE MO 63132

Title            VP  
Name            FLINT, STACY  
Address        9385 DIELMAN INDUSTRIAL DR  
City-State-Zip: OLIVETTE MO 63132

Title            VP  
Name            NEDVIN, MARK  
Address        9385 DIELMAN INDUSTRIAL DR  
City-State-Zip: OLIVETTE MO 63132

*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:** BRUCE GRENCH

**PRESIDENT AND CEO**

**02/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date