### 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001344

Entity Name: HARRIS SUPPLY SOLUTIONS INC.

# **Current Principal Place of Business:**

1700 SEVENTH AVENUE SUITE 2100 SEATTLE, WA 98101

# **Current Mailing Address:**

1700 SEVENTH AVENUE SUITE 2100 SEATTLE, WA 98101 US

# FEI Number: 36-4570870

### 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

### Officer/Director Detail :

	Title	ASST. SECRETARY	Title	TREASURER
	Name	BOWERS, ELIZABETH W.	Name	KUPECKI, JOANNE
	Address	1915 REXFORD RD.	Address	318 ARVIN AVE
	City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	STONEY CREEK ONTARIO L8E 2M2
	Title	ASST. SECRETARY	Title	MANAGER - ENVIRONMENTAL
	Name	TRUNCK, CHRISTOPHER D.	Name	KOCH, TONY
	Address	1915 REXFORD RD.	Address	318 ARVIN AVENUE
	City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	STONEY CREEK ONTARIO L8E 2M2
	Title	DIRECTOR	Title	SECRETARY
	Name	UTERMARK, D. CHAD	Name	SMITH, LEE ANNE
	A al al u a a a			
	Address	1915 REXFORD ROAD	Address	318 ARVIN AVENUE
	Address City-State-Zip:	1915 REXFORD ROAD CHARLOTTE NC 28211	Address City-State-Zip:	
	City-State-Zip:	CHARLOTTE NC 28211 DIRECTOR	City-State-Zip:	STONEY CREEK ONTARIO L8E 2M2
	City-State-Zip: Title	CHARLOTTE NC 28211	City-State-Zip: Title	STONEY CREEK ONTARIO L8E 2M2 PRESIDENT
	City-State-Zip: Title Name	CHARLOTTE NC 28211 DIRECTOR HENNINGS, MARK 1700 SEVENTH AVE. SUITE 2100	City-State-Zip: Title Name	STONEY CREEK ONTARIO L8E 2M2 PRESIDENT HENNINGS, MARK 1700 SEVENTH AVE.

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: LEE ANNE SMITH

SECRETARY

04/22/2021

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 22, 2021 Secretary of State 6175483547CC

Certificate of Status Desired: No

Date