

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002111

Entity Name: ATI PRODUCTS, INC.**Current Principal Place of Business:**5100-H W.T.HARRIS BOULEVARD
CHALOTTE, NC 28269**Current Mailing Address:**ONE JOHN DEERE PLACE
MOLINE, IL 61265 US**FEI Number:** 56-0861646**Certificate of Status Desired:** No**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 PRESIDENT
Name MORGAN, TOMMY E
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title VP
Name ROBERTSON, REBECCA A
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title TREASURER
Name LEONE, MARIO P
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title SECRETARY
Name BERK, EDWARD R
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title ASST. SECRETARY
Name SHELL, EMILY M
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title P
Name LEONE, MARIO P
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

Title DIRECTOR
Name MORGAN, TOMMY E
Address ONE JOHN DEERE PLACE
City-State-Zip: MOLINE IL 61265

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: EMILY SHELL**ASSISTANT SECRETARY 04/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date