

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002111

Entity Name: ATI PRODUCTS, INC.**Current Principal Place of Business:**5100-H W.T.HARRIS BOULEVARD
CHALOTTE, AL**Current Mailing Address:**5100-H W.T.HARRIS BOULEVARD
CHARLOTTE, AL 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	ASST. SECRETARY
Name	FARMER, BILLY J
Address	5100-H WEST W.T. HARRIS BLVD
City-State-Zip:	CHARLOTTE AL

Title	AS
Name	JARRETT, THOMAS K
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	VP
Name	ROBERTS, MARK C
Address	1600 1ST AVENUE EAST
City-State-Zip:	MILAN IL 61264

Title	PCEO
Name	MORGAN, TOMMY E
Address	1600 1ST AVENUE EAST
City-State-Zip:	MILAN IL 61264

Title	D
Name	MORGAN, TOMMY E
Address	1600 1ST AVENUE EAST
City-State-Zip:	MILAN IL 61264

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: THOMAS K JARRETT**ASSISTANT SECRETARY 04/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date