

**2023 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            RUBINO, MICHAEL C  
Address        ONE JOHN DEERE PLACE  
City-State-Zip: MOLINE IL 61265

Title            DIRECTOR  
Name            CALDWELL, DENVER D  
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: MICHAEL RUBINO****ASST SECRETARY****04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date