

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005134

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC0486038163**

**Entity Name:** CURTIS-TOLEDO DISTRIBUTION, INC.

**Current Principal Place of Business:**

IS1905 KIENLEN AVENUE  
ST LOUIS, MO 63133

**Current Mailing Address:**

IS1905 KIENLEN AVENUE  
ST LOUIS, MO 63133

**FEI Number: 46-1163270**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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 P  
Name DE CAMPOS, EVERSON  
Address 1905 KLENLEN AVE  
City-State-Zip: ST LOUIS MO 63133

Title SD  
Name JUANG, ANDREW  
Address 1905 KLENLEN AVE  
City-State-Zip: ST LOUIS MO 63133

Title T  
Name HSLAO, C S  
Address 1905 KLENLEN AVE  
City-State-Zip: ST LOUIS MO 63133

Title D  
Name CHEN LEE, LIANG  
Address 1905 KLENLEN AVE  
City-State-Zip: ST LOUIS MO 63133

Title D  
Name SUN, STEPHEN  
Address 1905 KLENLEN AVE  
City-State-Zip: ST LOUIS MO 63133

Title D  
Name LEE, ROBERT  
Address 1905 KLENLEN AVE  
City-State-Zip: ST LOUIS MO 63133

*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: EVERSON DE CAMPOS**

**PRESIDENT**

**05/01/2014**

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

\_\_\_\_\_  
Date