

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004166

Entity Name: BLACKHAWK INDUSTRIAL DISTRIBUTION, INC.**Current Principal Place of Business:**1501 SW EXPRESSWAY DRIVE
BROKEN ARROW, OK 74012**Current Mailing Address:**1501 SW EXPRESSWAY DRIVE
BROKEN ARROW, OK 74012 US**FEI Number:** 27-3505619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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 DIRECTOR, SECRETARY
Name KISS, BRANDON
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title DIRECTOR
Name PHIPPS, OGDEN
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title DIRECTOR
Name SCHWEIG, JOHN
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title CFO
Name SCOTT, KARL
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title DIRECTOR
Name MARK, JOHN
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title DIRECTOR, PRESIDENT
Name PLESS, JOHN
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title TREASURER
Name SCHWINGER, STEVE
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

Title DIRECTOR
Name SNOW, IAN
Address 1501 SW EXPRESSWAY DRIVE
City-State-Zip: BROKEN ARROW OK 74012

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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: KARL SCOTT

CFO

03/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ZACHARIAS, JOHN
Address	1501 SW EXPRESSWAY DRIVE
City-State-Zip:	BROKEN ARROW OK 74012