

2018 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	PRESIDENT
Name	SHELLER, WILLIAM K.
Address	1501 SW EXPRESSWAY DRIVE
City-State-Zip:	BROKEN ARROW OK 74012

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

Title	SECRETARY
Name	SHELLER, WILLIAM K.
Address	1501 SW EXPRESSWAY DRIVE
City-State-Zip:	BROKEN ARROW OK 74012

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

Title	DIRECTOR
Name	SHELLER, WILLIAM K.
Address	1501 SW EXPRESSWAY DRIVE
City-State-Zip:	BROKEN ARROW OK 74012

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

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: WILLIAM K. SCELLER**PRESIDENT****04/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date