

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001323

**Entity Name:** VINSOLUTIONS, INC.

**Current Principal Place of Business:**

6205 PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

**Current Mailing Address:**

6205 PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

**FEI Number:** 45-2400529

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D  
Name SCHWARTZ, SANFORD H  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title D/S  
Name SULLIVAN MUHL, SHAUNA  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title P  
Name JEZEK, KEITH A  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title VP, TREASURER  
Name FRIEDMAN, MARIA  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title VP  
Name VICKERS, MARY  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title AS  
Name BOWEN, CHARLES N  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

*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:** MARY VICKERS

VP - TAX

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date