

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006503

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC9741333338**

**Entity Name:** GOLD MEDAL PRODUCTS CO.

**Current Principal Place of Business:**

10700 MEDALLION DRIVE  
CINCINNATI, OH 45241

**Current Mailing Address:**

10700 MEDALLION DRIVE  
CINCINNATI, OH 45241

**FEI Number: 31-0515654**

**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 PD  
Name KROEGER, DANIEL R  
Address 10700 MEDALLION DRIVE  
City-State-Zip: CINCINNATI OH 45241

Title VD  
Name EVANS, DAVID A  
Address 10700 MEDALLION DRIVE  
City-State-Zip: CINCINNATI OH 45241

Title VSD  
Name EVANS-LLOYD, SALLY  
Address 10700 MEDALLION DRIVE  
City-State-Zip: CINCINNATI OH 45241

Title VD  
Name EVANS, JOHN CJR  
Address 10700 MEDALLION DRIVE  
City-State-Zip: CINCINNATI OH 45241

*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: SALLY EVANS-LLOYD**

**VP HUMAN RESOURCES, 04/16/2014  
DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date