

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14696

Entity Name: CORE-MARK DISTRIBUTORS, INC.**Current Principal Place of Business:**395 OYSTER POINT BLVD., SUITE 415
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**395 OYSTER POINT BLVD., SUITE 415
SOUTH SAN FRANCISCO, CA 94080**FEI Number:** 58-1095258**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	PCEO
Name	MCPHERSON, SCOTT
Address	395 OYSTER POINT BLVD., SUITE 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	MILLER, CHRISTOPHER
Address	395 OYSTER POINT BLVD., SUITE 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	MCPHERSON, SCOTT
Address	395 OYSTER POINT BLVD., SUITE 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	T
Name	MILLER, CHRISTOPHER
Address	395 OYSTER POINT BLVD., SUITE 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	SECRETARY
Name	HAYES, HELEN
Address	13200 DELF PLACE UNIT 100
City-State-Zip:	RICHMOND BRITISH COLUMBIA V6V 2A2

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: HELEN HAYES**SECRETARY****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date