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: JANICE OSHINSKI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P21894

Entity Name: SUPPLY NETWORK, INC.

Current Principal Place of Business:

3033 ORCHARD VISTA DR SE SUITE 308 GRAND RAPIDS, MI 49546

Current Mailing Address:

210 N.INDUSTRIAL PARK DR HASTINGS, MI 49058 US

FEI Number: 38-2806071

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

The above na

SIGNATL

Officer/D

Title	PS	Title	TD		
Name	GOLINVEAUX, JAMES	Name	OSHINSKI, JANICE		
Address	3033 ORCHARD VISTA DR SE SUITE 308	Address	3033 ORCHARD VISTA DR SE SUITE 308		
City-State-Zip:	GRAND RAPIDS MI 49546	City-State-Zip:	GRAND RAPIDS MI 49546		

nameo	I entity submits this statement for the purpose of changing it	s registered office or re	gistered agent, or both, in the State of Florida.	
URE	E:			
	Electronic Signature of Registered Agent			Date
Dire	ctor Detail :			
	PS	Title	TD	
	GOLINVEAUX, JAMES	Name	OSHINSKI, JANICE	
	3033 ORCHARD VISTA DR SE SUITE 308	Address	3033 ORCHARD VISTA DR SE SUIT 308	E

TREASURER

FILED Apr 19, 2019 Secretary of State 5893908960CC

Certificate of Status Desired: No

04/19/2019

Date