

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

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**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S. 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 PS  
Name GOLINVEAUX, JAMES  
Address 3033 ORCHARD VISTA DR SE SUITE 308  
City-State-Zip: GRAND RAPIDS MI 49546

Title D  
Name NICOL, CARY  
Address 640 CENTER AVE  
City-State-Zip: CAROL STREAM IL 60188

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

Title DIRECTOR  
Name ORTYL, KEVIN  
Address 3033 ORCHARD VISTA DR SE SUITE 308  
City-State-Zip: GRAND RAPIDS MI 49546

*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**

**TREASURER**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date