2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002842

Entity Name: SYX DISTRIBUTION INC.

FILED Aug 14, 2007 Secretary of State

| • | | | | | |
|---|--|---|--|---|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | SSADOR DR LLE, IL 60540 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 7795 WES MIAMI, FL | ST FLAGLER S 33144 | т | | | |
| FEI Number | : 20-0802393 | FEI Number Applied For() | FEI Number Not Appli | cable () Certificate of Status Desired () | |
| Name and | l Address of C | Current Registered Agent: | Name and | Address of New Registered Agent: | |
| | ATION SERVIO S STREET | CE COMPANY | | | |
| | SSEE, FL 323 | 012525 US | | | |
| The above in the State | e named entity : e of Florida. | submits this statement for the p | ourpose of changing its | s registered office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | ic Signature of Registered Age | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | t receive the prior notice | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | LEEDS, RICHA 11 HARBOR PA | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD () FIORENTINO, 0 7795 WEST FL MIAMI, FL 331 | AGLER | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD () DUNNE, JOE 7795 WEST FL MIAMI, FL 331 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | GOLDSCHEIN, 11 HARBOR PA | | Title: Name: Address: City-St-Zip: | VP (X) Change () Addition REINHOLD, LARRY 11 HARBOR PARK DR PORT WASHINGTON, NY 11050 | |
| Title: Name: Address: City-St-Zip: | RUSH, CURT 11 HARBOR PA | Delete ARK DR GTON, NY 11050 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH DUNNE VP 08/14/2007