

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000207

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: CBI DISTRIBUTING CORP.

**Current Principal Place of Business:**

2400 W. CENTRAL ROAD  
HOFFMAN ESTATES, IL 60195

**New Principal Place of Business:**

**Current Mailing Address:**

3 SW 129TH AVENUE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 65-0135574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KAHN, EUGENE  
Address: 2400 W. CENTRAL ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: P  
Name: FRIEDMAN, JAY  
Address: 2400 W. CENTRAL ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: T  
Name: LARSON, BRAD  
Address: 2400 W. CENTRAL ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: VP  
Name: OVIS, DAVID  
Address: 3 SW 129TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S  
Name: ORAND, REBECCA  
Address: 3 SW 129TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SVP  
Name: BRODIN, J. P  
Address: 3 SW 129TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

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: DAVID OVIS

VP

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date