

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001302

FILED
Mar 30, 2012
Secretary of State

Entity Name: LAWSON PRODUCTS, INC.

Current Principal Place of Business:

1666 E. TOUHY AVE.
DES PLAINES, IL 60018

New Principal Place of Business:

Current Mailing Address:

1666 E. TOUHY AVE.
DES PLAINES, IL 60018

New Mailing Address:

FEI Number: 80-0496603

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: PCEO
Name: NERI, THOMAS J
Address: 1666 E. TOUHY AVE.
City-St-Zip: DES PLAINES, IL 60018

Title: EV
Name: DOCHELLI, HARRY
Address: 1666 E. TOUHY AVE.
City-St-Zip: DES PLAINES, IL 60018

Title: EVS
Name: JENKINS, NEIL E
Address: 1666 E. TOUHY AVE.
City-St-Zip: DES PLAINES, IL 60018

Title: SV
Name: BORDER, ROBERT
Address: 1666 E. TOUHY AVE.
City-St-Zip: DES PLAINES, IL 60018

Title: VP
Name: HOWLEY, STEWART
Address: 1666 E. TOUHY AVE.
City-St-Zip: DES PLAINES, IL 60018

Title: VCFO
Name: KNUTSON, RONALD
Address: 1666 E. TOUHY AVE.
City-St-Zip: DES PLAINES, IL 60018

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: NEIL E. JENKINS

SECR

03/30/2012

Electronic Signature of Signing Officer or Director

Date