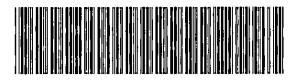
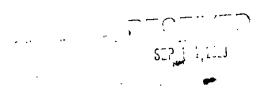
F10 000001407

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT N	IAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status _			
Special Instructions to Filing Officer:			

Office Use Only



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09/15/20--01014--001 **35.00

JQ 10/20/20



CSC - WILMINGTON 251 Littlé Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: September 10, 2020

Order#: 410684-207

Re: WESCO INTEGRATED SUPPLY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak
c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of DELAWARE registered agent, or both, in the State of Florida.	
	he corporation: WESCO INTEGRA		
2. The principal office address: 36 HARBOR PARK DRIVE, PORT WASHINGTON, NY 11050			
3. The mailing a	ddress (if different): 225 WEST ST	ATION SQUARE DRIVE SUITE 700 PITTSBURGH, PA 15219	
4. Date of incom	poration/qualification: 03/19/2010	Document number: F10000001407	
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	AD	
	PLANTATION, FL 33324		
(if changed):	Corporation Service Company 1201 Hays Street		
		O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the s	street address of the business office of its registered agent,	
=		lopted by its board of directors or by an officer so en notified in writing of the change.	
X	in E. CiQui	Jill Cilmi, Vice President	
Signatur	of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei corporation has	to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this change is Service Company	ent and agree to act in this capacity. It statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the ange.	
By:	hace Cokuble	09/09/2020 Date	
J	nature of Registered Agent \ half of an entity:	17ate	
	Asst. Vice President		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)