

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 09 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000334

1. Entity Name
WESCO DISTRIBUTION, INC.



Principal Place of Business
225 WEST STATION SQUARE DR
STE 700
PITTSBURGH, PA 15219 US

Mailing Address
225 WEST STATION SQUARE DR
STE 700
PITTSBURGH, PA 15219 US



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1723345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME HALEY, ROY W
STREET ADDRESS 225 WEST STATION SQUARE DR STE 700
CITY-ST-ZIP PITTSBURGH, PA

TITLE D
NAME CHESHIRE, MICHAEL J
STREET ADDRESS 225 WEST STATION SQUARE DR STE 700
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE AT
NAME PASQUINELLI, RICHARD J
STREET ADDRESS 225 WEST STATION SQUARE DR STE 700
CITY-ST-ZIP PITTSBURGH, PA

TITLE VCFO
NAME VAN OSS, STEVE
STREET ADDRESS 225 WEST STATION SQUARE DR STE 700
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE D
NAME SINGLETON, JAMES L
STREET ADDRESS 225 WEST STATION SQUARE DR STE 700
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE ST
NAME BRALER, DANIEL A
STREET ADDRESS 225 WEST STATION SQUARE DR STE 700
CITY-ST-ZIP PITTSBURGH, PA 15219

500103046295
05/23/07--01003--024 **250.00

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IN THIS SPACE**

K. Eckel MAY 16 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #