## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000004282

**Entity Name:** INTERLINE BRANDS, INC.

Jul 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 801 WEST BAY STEET JACKSONVILLE, FL 32204 **Current Mailing Address: New Mailing Address:** 801 WEST BAY STREET JACKSONVILLE, FL 32204 FEI Number: 22-2232386 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition GOLDTEIN, BARRY J Name: Name: 9981 NW 45TH ST. Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: SERRANO, DAVE Name: 555 W. WATER ST. Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SPCO () Change () Addition SANFORD, WILLIAM Name: Name: 801 W/ BAY ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: CCEO ( ) Delete Title: () Change () Addition GREBE, MICHAEL J Name: Name: Address: 801 W BAY ST Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: TCFO Title: ( ) Delete () Change () Addition TOSSAVAINEN, THOMAS J Name: Name: 801 W BAY ST. Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRAVO, FRED Name: 801 W BAY STREET Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204

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: TRACEY FLYNN ACCT 07/23/2008 Date