

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004991

Entity Name: IMPERIAL SUPPLIES LLC

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

789 ARMED FORCES DRIVE  
GREEN BAY, WI 54304

**New Principal Place of Business:**

**Current Mailing Address:**

789 ARMED FORCES DRIVE  
GREEN BAY, WI 54304

**New Mailing Address:**

100 GRAINGER PARKWAY  
LAKE FOREST, IL 60045

FEI Number: 56-2339119

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOWARD, JOHN L  
Address: 100 GRAINGER PARKWAY  
City-St-Zip: LAKE FOREST, IL 60045

Title: MGR  
Name: JADIN, RONALD L  
Address: 100 GRAINGER PARKWAY  
City-St-Zip: LAKE FOREST, IL 60045

Title: MGR  
Name: RYAN, JAMES T  
Address: 100 GRAINGER PARKWAY  
City-St-Zip: LAKE FOREST, IL 60045

Title: MGR  
Name: GILSON, ROBIN L  
Address: 789 ARMED FORCES DRIVE  
City-St-Zip: GREEN BAY, WI 54307

Title: MGR  
Name: KAYE, THOMAS H  
Address: 789 ARMED FORCES DRIVE  
City-St-Zip: GREEN BAY, WI 54307

Title: MGR  
Name: HOWARD, MICHAEL L  
Address: 100 GRAINGER PARKWAY  
City-St-Zip: LAKE FOREST, IL 60045

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL L HOWARD

MGR

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date