2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLORIDA DISTRIBUTING MANAGEMENT, L.L.C.

Current Principal Place of Business:

6250 N. RIVER ROAD
SUITE 9000
ROSEMONT, IL 60018

New Principal Place of Business:

6250 N. RIVER ROAD
SUITE 9000
ROSEMONT, IL 60018 US

Current Mailing Address:

6250 N. RIVER ROAD
SUITE 9000
ROSEMONT, IL 60018

New Mailing Address:

6250 N. RIVER ROAD
SUITE 9000
ROSEMONT, IL 60018 US

FEI Number: 27-4639166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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: REYES, J. CHRISTOPHER
Address: 6250 N. RIVER ROAD, SUITE 9000 ROSEMONT IL
City-St-Zip: ROSEMONT, IL 60018 US

Title: MGR
Name: REYES, M. JUDE
Address: 6250 N. RIVER ROAD, SUITE 9000 ROSEMONT IL
City-St-Zip: ROSEMONT, IL 60018 US

Title: MGR
Name: REYES, DAVID K
Address: 6250 N. RIVER ROAD, SUITE 9000 ROSEMONT IL
City-St-Zip: ROSEMONT, IL 60018 US

Title: MGR
Name: REYES, JAMES
Address: 6250 N. RIVER ROAD, SUITE 9000 ROSEMONT IL
City-St-Zip: ROSEMONT, IL 60018 US

Title: MGR
Name: REYES, THOMAS
Address: 6250 N. RIVER ROAD, SUITE 9000 ROSEMONT IL
City-St-Zip: ROSEMONT, IL 60018 US

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 Statues.

SIGNATURE: NICHOLAS GIAMPIETRO SVP 04/26/2012

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