

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90107 038 ***150.00

DOCUMENT # P40760

1. Corporation Name

WHITMIRE DISTRIBUTION CORPORATION

Principal Place of Business

81 BLUE RAVINE ROAD
FOLSOM CA 95630

Mailing Address

5555 GLENDON COURT
DUBLIN OH 43016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1992

4. FEI Number

68-0158739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE
NAME WHITMIRE, MELBURN G.
STREET ADDRESS 6190 ROSE COURT
CITY-ST-ZIP ROSEVILLE CA

TITLE VC ☐ DELETE
NAME KANE, JOHN C
STREET ADDRESS 5555 GLENDON COURT
CITY-ST-ZIP DUBLIN OH

TITLE VC ☐ DELETE
NAME WALTER, ROBERT D.
STREET ADDRESS 5555 GLENDON COURT
CITY-ST-ZIP DUBLIN OH 43016

TITLE PC ☐ DELETE
NAME MILLAR, JAMES F
STREET ADDRESS 5555 GLENDON COURT
CITY-ST-ZIP DUBLIN OH

TITLE V ☐ DELETE
NAME MARTIAL, ROBIN L.
STREET ADDRESS 1741 HAGGIN GROVE WAY
CITY-ST-ZIP CARMICHAEL CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME V
1.3 STREET ADDRESS Glenn L Martin
1.4 CITY-ST-ZIP 5555 Glendon Ct
Dublin OH 43016

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenn L Martin

GLENN L MARTIN V.P., Taxes

1-8-99

(614) 717-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #