

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 605572

**Entity Name:** CHIP SUPPLY, INC.

**Current Principal Place of Business:**

7725 N ORANGE BLOSSOM TRL  
ORLANDO, FL 32810

**Current Mailing Address:**

7725 N ORANGE BLOSSOM TRL  
ORLANDO, FL 32810 US

**FEI Number:** 59-1869492

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VESCOVO, VICTOR L  
Address        1400 CIVIC PLACE STE 250  
City-State-Zip: SOUTHLAKE TX 76092

Title            DIRECTOR  
Name            BENESKI, TED W  
Address        1400 CIVIC PLACE STE 250  
City-State-Zip: SOUTHLAKE TX 76092

Title            DIRECTOR  
Name            BONHAM, WARREN  
Address        1400 CIVIC PLACE STE 250  
City-State-Zip: SOUTHLAKE TX 76092

Title            DIRECTOR  
Name            KERLIN, ELIOT  
Address        1400 CIVIC PLACE STE 250  
City-State-Zip: SOUTHLAKE TX 76092

Title            TREASURER, VICE PRESIDENT  
Name            BUSER, BRAD  
Address        7725 N ORANGE BLOSSOM TRL  
City-State-Zip: ORLANDO FL 32810

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIKE ROONEY

**CFO**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date