

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 605572

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

**Current Principal Place of Business:**

7725 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

**Current Mailing Address:**

7725 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

**FEI Number:** 59-1869492

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE - 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 DIRECTOR  
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 CEO  
Name KINGDON, RICHARD  
Address 7725 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32810

Title CFO  
Name ROONEY, MIKE  
Address 7725 N. ORANGE BLOSSOM TRAIL  
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

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date