

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J05457

**Entity Name:** DISTRIBUTOR'S COUNCIL, INC.**Current Principal Place of Business:**6053 LEXINGTON PARK  
ORLANDO, FL 32819**Current Mailing Address:**6053 LEXINGTON PARK  
ORLANDO, FL 32819**FEI Number: 59-2761213****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRITY, WILLIAM J.  
6053 LEXINGTON PK  
ORLANDO, FL 32819 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            JONES, DAVID P  
Address        195 ELM STREET  
City-State-Zip: BUFFALO NY 14203

Title            VP  
Name            BRADLEY, BEAU  
Address        8220 NORTH INTERSTATE AVENUE  
City-State-Zip: PORTLAND OR 97217

Title            T  
Name            NICOLINO, GEORGE  
Address        1133 7 ST  
City-State-Zip: OAKLAND CA

Title            AST  
Name            MCNABNEY, WILLIAM J  
Address        727 WYNDSOR CREEK DRIVE  
City-State-Zip: SOUTHLAKE TX 76092

Title            S  
Name            HATTIER, BILL  
Address        2217 RIDGELAKE DRIVE  
City-State-Zip: METAIRIE LA 70001

Title            VP  
Name            WINNER, BRUCE  
Address        1707 ORLANDO CENTRAL PKWY  
                  #500  
City-State-Zip: ORLANDO FL 32809

Title            ASSISTANT SECRETARY  
Name            BOUGHTON, MARY J  
Address        31 FOREST VIEW CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46034

*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: MARY JANE BOUGHTON****ASST. SECRETARY****03/18/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date