

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J05457

**FILED**  
**Mar 27, 2013**  
**Secretary of State**  
**CC7550232138**

**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 P  
Name NICKEL, PAUL A  
Address 2024 W HENRIETTA RD, BLDG 6A  
City-State-Zip: ROCHESTER NY 14623

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 NEMEROFSKY, JOHN  
Address 30 COMMERCE WAY  
City-State-Zip: WOBURN MA 01801

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**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date