

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027634

FILED
Apr 30, 2013
Secretary of State
CC4433631783

Entity Name: CHELI DISTRIBUTION CENTER, INC.

Current Principal Place of Business:

1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308

Current Mailing Address:

1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308

FEI Number: 27-0050164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 D
Name KEVIN, SIGRIST
Address 1801 HERMITAGE BLVD. #100
City-State-Zip: TALLAHASSEE FL 32308

Title DVP
Name SPOOK, STEPHEN A
Address 1801 HERMITAGE BLVD. #100
City-State-Zip: TALLAHASSEE FL 32308

Title DVPS
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD. #100
City-State-Zip: TALLAHASSEE FL 32308

Title VPTA
Name HANSON, JENNIFER A
Address 8750 N. CENTRE EXPWY SUITE 800
City-State-Zip: DALLAS TX 75231

Title P
Name SMITH, ERIC R
Address 8750 N. CENTRAL EXPWY SUITE 800
City-State-Zip: DALLAS TX 75231

Title P
Name FARALDO, MARK P
Address 8750 N CENTRAL EXPWY SUITE 800
City-State-Zip: DALLAS TX 75231

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: MARK P FARALDO

PRESIDENT

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date