

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000027634

**FILED  
Apr 28, 2015  
Secretary of State  
CC9784382597**

**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 TAYLOR, LAMAR E  
Address 1801 HERMITAGE BLVD. #100  
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR  
Name HAZEN, MAUREEN  
Address 1801 HERMITAGE BLVD. #100  
City-State-Zip: TALLAHASSEE FL 32308

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

Title VP, ASST. SECRETARY  
Name CURTIS, MERRILL  
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

Title VP & SECRETARY  
Name BURLAK, DAVE  
Address 1801 HERMITAGE BOULEVARD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BOULEVARD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

*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**

**04/28/2015**

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

\_\_\_\_\_  
Date