

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004316

Entity Name: MPC INVESTMENT LLC

Current Principal Place of Business:

539 SOUTH MAIN STREET
FINDLAY, OH 45840

Current Mailing Address:

539 SOUTH MAIN STREET
FINDLAY, OH 45840 US

FEI Number: 27-1287018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Authorized Person(s) Detail :

Title CEO
Name HEMINGER, G. R
Address 539 SOUTH MAIN STHREE
City-State-Zip: FINDLAY OH 45840

Title SENIOR VICE PRESIDENT
Name GRIFFITH, T T
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title SENIOR VICE PRESIDENT
Name CASE, C T
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title SENIOR VICE PRESIDENT
Name SAUBER, D R
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title SENIOR VICE PRESIDENT
Name HERNANDEZ, R A
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title SENIOR VICE PRESIDENT
Name BROOKS, R L
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title CHIEF INFORMATION OFFICER
Name WEHRLY, D W
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title SENIOR VICE PRESIDENT
Name TEMPLIN, D C
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. L. LINTHACUM

ASSISTANT SECRETARY 04/16/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title VP
Name GAGLE, S
Address 539 SOUTH MAIN STREET
City-State-Zip: FINDLAY OH 45840

Title VP
Name LINHARDT, R
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Title SECRETARY
Name BENSON, M R
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Title ASST. SECRETARY
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Title ASST. TREASURER
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Title ASST. TREASURER
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Title VP
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Title ASST. TREASURER
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Title VP
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Title VP
Name KAZARIAN, KACZYNSKI A

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Title CONTROLLER
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Title ASST. SECRETARY
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Title ASSISTANT SECRETARY
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Title GENERAL COUNSEL
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Title ASSISTANT SECRETARY
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Title ASSISTANT TREASURER
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