

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000003649

**Entity Name:** WHITMORE MANUFACTURING LLC

**Current Principal Place of Business:**

930 WHITMORE DRIVE  
ROCKWALL, TX 75087

**Current Mailing Address:**

5420 LYNDON B JOHNSON FWY SUITE 500  
DALLAS, TX 75240 US

**FEI Number:** 34-1288762

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNIVERSAL REGISTERED AGENTS, INC.  
1317 CALIFORNIA STREET  
TALLAHASSEE, FL 32304 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 MEMBER  
Name CSW INDUSTRIALS HOLDINGS, LLC  
Address 5420 LYNDON B JOHNSON FWY SUITE 500  
City-State-Zip: DALLAS TX 75240

Title AUTHORIZED PERSON  
Name BASS, MARK  
Address 930 WHITMORE DRIVE  
City-State-Zip: ROCKWALL TX 75087

Title AUTHORIZED PERSON  
Name PERRY, JAMES  
Address 5420 LYNDON B JOHNSON FWY SUITE 500  
City-State-Zip: DALLAS TX 75240

Title AUTHORIZED PERSON  
Name ALVERSON, LUKE  
Address 5420 LYNDON B JOHNSON FWY SUITE 500  
City-State-Zip: DALLAS TX 75240

Title AUTHORIZED PERSON  
Name REID, DOUG  
Address 930 WHITMORE DRIVE  
City-State-Zip: ROCKWALL TX 75087

Title AUTHORIZED PERSON  
Name HUERTA, ALEXA  
Address 5420 LYNDON B JOHNSON FWY SUITE 500  
City-State-Zip: DALLAS TX 75240

Title AUTHORIZED PERSON  
Name SPRETZ, CHAD  
Address 5420 LYNDON B JOHNSON FWY SUITE 500  
City-State-Zip: DALLAS TX 75240

Title AUTHORIZED PERSON  
Name PARIKH, SUNIT  
Address 5420 LYNDON B JOHNSON FWY SUITE 500  
City-State-Zip: DALLAS TX 75240

*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:** LUKE ALVERSON

**AUTHORIZED PERSON**

**03/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date