

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810893

Entity Name: NOLAND COMPANY**Current Principal Place of Business:**C/O WGS - COMPLIANCE SERVICES
3110 KETTERING BLVD
MORaine, OH 45439**Current Mailing Address:**C/O WGS - COMPLIANCE SERVICES
3110 KETTERING BLVD
MORaine, OH 45439 US**FEI Number:** 54-0320170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT & DIRECTOR
Name SALSMAN, MONTE L
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title SECRETARY
Name KIRKLAND, MICHAEL S
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title ASST. SECRETARY
Name ANDERSON, BRUCE E.
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title DIRECTOR
Name GORDON, ROLAND L
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title TREASURER
Name CULLER, SEAN W
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title DIRECTOR
Name SCHWARTZ, RICHARD W
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title DIRECTOR
Name ALLEN, DONALD W
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title DIRECTOR
Name COLLINS, GRADY M.
Address C/O WGS - COMPLIANCE SERVICES
 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

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: MICHAEL S. KIRKLAND**SECRETARY****01/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date