

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001439

Entity Name: QUALITY KING DISTRIBUTORS, INC.**Current Principal Place of Business:**35 SAWGRASS DRIVE, SUITE 1
BELLPORT, NY 11713**Current Mailing Address:**35 SAWGRASS DRIVE, SUITE 1
BELLPORT, NY 11713**FEI Number: 11-1973001****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	CPM
Name	NUSSDORF, GLENN
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	VD
Name	NUSSDORF, STEPHEN
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	STD
Name	NUSSDORF, ARLENE
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	SECRETARY
Name	PALIANI, ALFRED R
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	TREASURER, VP
Name	ANDERSON, MICHAEL
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	EXECUTIVE VICE PRESIDENT
Name	KATZ, MICHAEL
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	VP
Name	ROSS, MICHAEL
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

Title	CEO
Name	NUSSDORF, GLENN
Address	35 SAWGRASS DRIVE, SUITE 1
City-State-Zip:	BELLPORT NY 11713

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: ALFRED PALIANI**SECRETARY****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date