

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006471

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC9062674894**

**Entity Name:** TENNSCO CORPORATION

**Current Principal Place of Business:**

201 TENNSCO DRIVE  
DICKSON, TN 37056

**Current Mailing Address:**

PO BOX 1888  
DICKSON, TN 37056

**FEI Number:** 62-0649819

**Certificate of Status Desired:** No

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

LIBRARY INTERIORS OF FLORIDA, INC.  
10006 CROSS CREEK BLVD. #432  
TAMPA, FL 33647 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 PD  
Name SPEYER, STUART  
Address PO BOX 1888  
City-State-Zip: DICKSON TN 37056

Title VP  
Name EASLEY, MICHAEL  
Address PO BOX 1888  
City-State-Zip: DICKSON TN 37056

Title STD  
Name SPEYER, APRIL  
Address 3501 S. 154TH STREET  
City-State-Zip: WICHITA KS

Title DIRECTOR  
Name SPEYER, MAX  
Address PO BOX 1888  
City-State-Zip: DICKSON TN

Title D  
Name SPEYER, ROBERT  
Address 778 ATLANTIC AVENUE  
City-State-Zip: ATLANTA GA

*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 EASLEY

VP FINANCE

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date