

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005320

Entity Name: GERLIN, INC.**Current Principal Place of Business:**170 TUBEWAY DRIVE
CAROL STREAM, IL 60188**Current Mailing Address:**170 TUBEWAY DRIVE
CAROL STREAM, IL 60188**FEI Number: 36-3335526****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	ROMANELLI, JOSEPH SR.
Address	170 TUBEWAY DRIVE
City-State-Zip:	CAROL STREAM IL 60188

Title	PRESIDENT, DIRECTOR
Name	ROMANELLI, STEVE
Address	170 TUBEWAY DRIVE
City-State-Zip:	CAROL STREAM IL 60188

Title	SECRETARY, DIRECTOR
Name	ROMANELLI, DAVID
Address	170 TUBEWAY DRIVE
City-State-Zip:	CAROL STREAM IL 60188

Title	DIRECTOR, TREASURER
Name	LEE, SUSAN
Address	170 TUBEWAY DRIVE
City-State-Zip:	CAROL STREAM IL 60188

Title	DIRECTOR
Name	ROMANELLI, LINDA
Address	170 TUBEWAY DRIVE
City-State-Zip:	CAROL STREAM IL 60188

Title	DIRECTOR
Name	ROMANELLI, JOSEPH JR.
Address	170 TUBEWAY DRIVE
City-State-Zip:	CAROL STREAM IL 60188

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: STEVE ROMANELLI**PRESIDENT****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date