

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000009

**FILED  
Mar 31, 2022  
Secretary of State  
1005716252CC**

**Entity Name:** UNISTRUT INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

4205 ELIZABETH STREET  
WAYNE, MI 48184

**Current Mailing Address:**

4205 ELIZABETH STREET  
WAYNE, MI 48184 US

**FEI Number:** 20-5832739

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 JOHNSON, DAVID P.  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

Title VP  
Name JOHNSON, DAVID P.  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

Title VP  
Name ELSDON, STEVE  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

Title VP  
Name KELLY, DANIEL S  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

Title SECRETARY  
Name KELLY, DANIEL S  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

Title PRESIDENT  
Name LAMPS, MARK  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

Title DIRECTOR  
Name WALTZ, WILLIAM  
Address 4205 ELIZABETH STREET  
City-State-Zip: WAYNE MI 48184

*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:** KELLY, DANIEL S

**SECRETARY**

**03/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date