

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000207

**FILED  
Mar 27, 2015  
Secretary of State  
CC2317776279**

**Entity Name:** CBI DISTRIBUTING CORP.

**Current Principal Place of Business:**

2400 W. CENTRAL ROAD  
HOFFMAN ESTATES, IL 60195

**Current Mailing Address:**

3 SW 129TH AVENUE  
PEMBROKE PINES, FL 33027

**FEI Number:** 65-0135574

**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           VP  
Name           ROBINSON, BLAINE  
Address        3 SW 129TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33027

Title           S  
Name           ORAND, REBECCA  
Address        3 SW 129TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33027

Title           DIRECTOR  
Name           LAFON, BEATRICE  
Address        2400 W CENTRAL ROAD  
City-State-Zip: HOFFMAN ESTATES FL 60195

*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:** BLAINE ROBINSON

**VICE PRESIDENT**

**03/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date