

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001318

Entity Name: SAPA PRECISION TUBING LOUISVILLE, INC.**Current Principal Place of Business:**6250 N. RIVER ROAD
SUITE 5000
ROSEMONT, IL 60018**Current Mailing Address:**6250 N. RIVER ROAD
SUITE 5000
ROSEMONT, IL 60018 US**FEI Number:** 20-8803006**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	DP
Name	DALE, PER
Address	100 GUS HIPP BOULEVARD
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	VENDRASCO, SERGIO LUIZ
Address	BISKOP GUNNERUS GATE 14 A - 0185
City-State-Zip:	OSLO
Title	VP, TREASURER
Name	SEBBAR, JOE
Address	100 GUS HIPP BOULEVARD
City-State-Zip:	ROCKLEDGE FL 32955

Title	VP
Name	KAVANAUGH, ROBERT M
Address	6250 N. RIVER ROAD SUITE 5000
City-State-Zip:	ROSEMONT IL 60018
Title	VP & DIRECTOR
Name	SAMSONSEN, ALEXANDER
Address	BISKOP GUNNERUS GATE 14 A - 0185
City-State-Zip:	OSLO
Title	VP, SECRETARY, DIRECTOR
Name	VANDER VELDE, PETER P.
Address	6250 N. RIVER ROAD SUITE 5000
City-State-Zip:	ROSEMONT IL 60018

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: PETER P. VANDER VELDEVP, SECRETARY &
DIRECTOR

03/19/2018

Electronic Signature of Signing Officer/Director Detail_____
Date