

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001343

Entity Name: ATKORE INTERNATIONAL, INC.**Current Principal Place of Business:**16100 S. LATHROP AVENUE
HARVEY, IL 60426**Current Mailing Address:**9 ROSZEL ROAD
PRINCETON, NJ 08540 US**FEI Number:** NOT APPLICABLE**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 PRESIDENT, DIRECTOR
Name WILLIAMSON, JOHN P.
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

Title TREASURER
Name COHRS, CHARLES M.
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

Title SECRETARY
Name KELLY, DANIEL
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

Title DIRECTOR
Name ZREBEIC, JONATHAN L.
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

Title DIRECTOR
Name SLEEPER, NATHAN K.
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

Title DIRECTOR
Name KNISELY, PHILIP W.
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

Title DIRECTOR
Name BERGES, JAMES G.
Address 16100 S. LATHROP AVENUE
City-State-Zip: HARVEY IL 60426

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: DANIEL KELLY**SECRETARY****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date