

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002086

**Entity Name:** FEDERAL RESOURCES SUPPLY COMPANY**Current Principal Place of Business:**235-G LOG CANOE CIRCLE  
STEVENSVILLE, MD 21666**Current Mailing Address:**235-G LOG CANOE CIRCLE  
STEVENSVILLE, MD 21666 US**FEI Number:** 52-2133636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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, CEO, DIRECTOR
Name	MCWILLIAMS, ROBERT
Address	235-G LOG CANOE CIRCLE
City-State-Zip:	STEVENSVILLE MD 21666

Title	SECRETARY, CFO
Name	PILON, JON
Address	235-G LOG CANOE CIRCLE
City-State-Zip:	STEVENSVILLE MD 21666

Title	DIRECTOR
Name	VAP, J. GORDON
Address	235-G LOG CANOE CIRCLE
City-State-Zip:	STEVENSVILLE MD 21666

Title	DIRECTOR
Name	DARNELL, JAMES
Address	235-G LOG CANOE CIRCLE
City-State-Zip:	STEVENSVILLE MD 21666

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:** JON PILON**SECRETARY****04/08/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date