

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002454

Entity Name: TRUE VALUE.COM CORPORATION**Current Principal Place of Business:**8600 W. BRYN MAWR AVE.
CHICAGO, IL 60631**Current Mailing Address:**8600 W. BRYN MAWR AVE.
CHICAGO, IL 60631 US**FEI Number: 36-4346386****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	ANDERSON, CATHY C
Address	TRUSERV CORPORATION
City-State-Zip:	CHICAGO IL 60631-3505

Title	SECRETARY
Name	ANDERSON, CATHY C
Address	TRUSERV CORPORATION
City-State-Zip:	CHICAGO IL 60631-3505

Title	DIRECTOR
Name	WAGNER, BARBARA L.
Address	8600 W. BRYN MAWR AVE.
City-State-Zip:	CHICAGO IL 60631

Title	TREASURER
Name	WAGNER, BARBARA L.
Address	8600 W. BRYN MAWR AVE.
City-State-Zip:	CHICAGO IL 60631

Title	PRESIDENT
Name	O'CONNOR, DEBORAH A
Address	8600 W. BRYN MAWR AVE.
City-State-Zip:	CHICAGO IL 60631

Title	DIRECTOR
Name	O'CONNOR, DEBORAH A
Address	8600 W. BRYN MAWR AVE.
City-State-Zip:	CHICAGO IL 60631

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: BARBARA L. WAGNER**TREASURER****04/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date