

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000742

Entity Name: LEADEC ES, INC.**Current Principal Place of Business:**5531 POWDER PLANT LN
BESSEMER, AL 35022**Current Mailing Address:**5531 POWDER PLANT LN
BESSEMER, AL 35022**FEI Number:** 20-0792326**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPAN
1201 HAYS STREET
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
Name BELL, WILLIAM
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title VP
Name BENTLEY, STEPHEN
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title TREASURER
Name MORSCH, DONALD
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title SECRETARY
Name OLSON, ANGELA
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name BELL, WILLIAM
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name MORSCH, DONALD
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name LEITNER, THOMAS
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

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: ANGELA OLSON**SECRETARY****05/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date