

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004547

Entity Name: BUNZL DISTRIBUTION LEASING, INC.**Current Principal Place of Business:**ONE CITYPLACE DRIVE
SUITE 200
SAINT LOUIS, MO 63141**Current Mailing Address:**701 EMERSON ROAD
SUITE 500
SAINT LOUIS, MO 63141 US**FEI Number:** 41-1315072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
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 DIRECTOR
Name MCCOOL, JAMES ANTHONY
Address 18042 PINE CANYON COURT
City-State-Zip: WILDWOOD MO 63005

Title TREASURER, VP
Name VU, ANH PHUONG
Address ONE CITYPLACE DRIVE
SUITE 200
City-State-Zip: SAINT LOUIS MO 63141

Title SECRETARY
Name LETT, DANIEL J
Address ONE CITYPLACE DRIVE
SUITE 200
City-State-Zip: SAINT LOUIS MO 63141

Title ASST TREASURER
Name JENNEWEIN, JANE P
Address ONE CITYPLACE DRIVE
SUITE 200
City-State-Zip: SAINT LOUIS MO 63141

Title ASST TREASURER
Name HEALY, JEFFREY
Address ONE CITYPLACE DRIVE
SUITE 200
City-State-Zip: SAINT LOUIS MO 63141

Title PRESIDENT
Name MCCOOL, JAMES A.
Address ONE CITYPLACE DRIVE
SUITE 200
City-State-Zip: SAINT LOUIS MO 63141

Title ASST. TREASURER
Name DOHM, VERONICA G
Address ONE CITYPLACE DRIVE
SUITE 200
City-State-Zip: SAINT LOUIS MO 63141

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 J. LETT**SECRETARY****04/07/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date