

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004547

**Entity Name:** BUNZL DISTRIBUTION LEASING, INC.**Current Principal Place of Business:**ONCE CITYPLACE DRIVE STE 200  
ST LOUIS, MO 63141**Current Mailing Address:**ONCE CITYPLACE DRIVE STE 200  
ST 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            PRESIDENT, DIRECTOR  
Name           MCCOLL, JAMES ANTHONY  
Address        ONE CITYPLACE DRIVE STE 200  
City-State-Zip: ST LOUIS MO 63141

Title            TREASURER  
Name           VU, KATY  
Address        ONE CITYPLACE DRIVE STE 200  
City-State-Zip: ST LOUIS MO 63141

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

Title            ASST TREASURER  
Name           JENNEWEIN, JANE P  
Address        ONCE CITYPLACE DRIVE STE 200  
City-State-Zip: ST LOUIS MO 63141

Title            ASST TREASURER  
Name           HEALY, JEFFREY  
Address        ONCE CITYPLACE DRIVE STE 200  
City-State-Zip: ST LOUIS MO 63141

Title            ASSISTANT SECRETARY  
Name           FITZGERALD, BRIAN  
Address        ONCE CITYPLACE DRIVE STE 200  
City-State-Zip: ST LOUIS MO 63141

Title            VP, DIRECTOR  
Name           LIPKA, ANDY  
Address        ONCE CITYPLACE DRIVE STE 200  
City-State-Zip: ST 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****04/17/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date