2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002507

Entity Name: WELD-ON ADHESIVES, INC.

Current Principal Place of Business:

455 W. VICTORIA ST. COMPTON. CA 90220

Current Mailing Address:

455 W. VICTORIA ST. COMPTON. CA 90220

FEI Number: 95-4354983 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE 1ST FLOOR 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: SHARON COOKE 04/29/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO, CHAIRMAN Title CFO, TREASURER, SECRETARY

NameBILBROUGH, THOMAS T.NameBARTON, WILLIAM D.Address455 W. VICTORIA ST.Address455 W. VICTORIA STCity-State-Zip:COMPTON CA 90220City-State-Zip:COMPTON CA 90220

Title ASST. SECRETARY Title PRESIDENT, ASST. TREASURER Name DE LEON, ADORA Name CASTELLANI, FABIO Address 455 W. VICTORIA ST. Address 455 W. VICTORIA ST. City-State-Zip: COMTPON CA 90220 COMPTON CA 90220 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name HILL, DOUGLAS Name BUONANNO, BERNARD 455 W. VICTORIA ST. Address Address 455 W. VICTORIA ST. City-State-Zip: COMPTON CA 90220 City-State-Zip: COMPTON CA 90220

Title DIRECTOR Title DIRECTOR

Name SOHN, EDW

NamePIERCE, CHRISTOPHERNameSOHN, EDWARDAddress455 W. VICTORIA ST.Address455 W. VICTORIA ST.City-State-Zip:COMPTON CA 90220City-State-Zip:COMPTON CA 90220

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: WILLIAM D. BARTON

CFO

04/29/2016

FILED Apr 29, 2016

Secretary of State

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