# 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F9700002840 Entity Name: AMERICAN BUILDERS & CONTRACTORS SUPPLY CO., INC. **Current Principal Place of Business:** ONE ABC PARKWAY BELOIT, WI 53511

## **Current Mailing Address:**

PO BOX 838 ATTN: TAX DEPT. BELOIT. WI 53512-0838 US

## FEI Number: 39-1413708

## 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

## **Officer/Director Detail :**

Title	PRES	Title	СОВ	
Name	ROZOLIS, KEITH F	Name	HENDRICKS, DIANE M	
Address	ONE ABC PARKWAY	Address	ONE ABC PARKWAY	
City-State-Zip:	BELOIT WI 53511	City-State-Zip:	BELOIT WI 53511	
Title	DIRECTOR	Title	SECRETARY	
Name	BUEHL, TODD	Name	LEO, KARL	
Address	ONE ABC PARKWAY	Address	ONE ABC PARKWAY	
City-State-Zip:	BELOIT WI 53511	City-State-Zip:	BELOIT WI 53512-0838	
Title	ASSISTANT TREASURER	Title	CFO, VP, TREASURER	
Title Name	ASSISTANT TREASURER GERBITZ, KRISTINE	Title Name	CFO, VP, TREASURER ANDERSON, JIM	
Name Address	GERBITZ, KRISTINE	Name	ANDERSON, JIM 1 ABC PARKWAY	
Name Address City-State-Zip:	GERBITZ, KRISTINE ONE ABC PARKWAY BELOIT WI 53511	Name Address	ANDERSON, JIM 1 ABC PARKWAY	
Name Address City-State-Zip: Title	GERBITZ, KRISTINE ONE ABC PARKWAY BELOIT WI 53511 COO, VP	Name Address City-State-Zip:	ANDERSON, JIM 1 ABC PARKWAY BELOIT WI 53511	
Name Address City-State-Zip: Title Name	GERBITZ, KRISTINE ONE ABC PARKWAY BELOIT WI 53511 COO, VP JOST, MICHAEL	Name Address City-State-Zip: Title	ANDERSON, JIM 1 ABC PARKWAY BELOIT WI 53511 DIRECTOR	
Name Address City-State-Zip: Title Name Address	GERBITZ, KRISTINE ONE ABC PARKWAY BELOIT WI 53511 COO, VP	Name Address City-State-Zip: Title Name	ANDERSON, JIM 1 ABC PARKWAY BELOIT WI 53511 DIRECTOR STORY, KENDRA 1 ABC PARKWAY	

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: KRISTINE GERBITZ

03/21/2024 ASSISTANT TREASURER

## FILED Mar 21, 2024 Secretary of State 0623126075CC

Date

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail