2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2025
Secretary of State
3502185605CC

DOCUMENT# F98000003850

Entity Name: WINSUPPLY INC.

Current Principal Place of Business:

3110 KETTERING BLVD
C/O WGS - COMPLIANCE SERVICES
MORAINE, OH 45439

Current Mailing Address:

C/O WGS - COMPLIANCE SERVICES
3110 KETTERING BLVD
MORAINE, OH 45439 US

FEI Number: 31-1356478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, TREASURER
Name	DITOMMASO, ROBERT P.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR
Name	KRESS, BRADY W.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR
Name	SCHWARTZ, RICHARD W.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR
Name	FERGUSON, ROBERT W.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	SECRETARY
Name	MAY, GARY L.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR
Name	JOHNSTON, MICHAEL S.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR, PRESIDENT
Name	DICE, JEFFREY M.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR
Name	SCHMIDT, JENNIFER L.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Continues on page 2

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: GARY L. MAY SECRETARY 03/08/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GIACOMIN, JON L.
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439

Title	DIRECTOR
Name	BREYFOGLE, ROY H
Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439