

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003850

**Entity Name:** WINSUPPLY INC.**Current Principal Place of Business:**C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
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  
Name JOHNSTON, JACK W  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title TREASURER  
Name KREMER, PHILIP M  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title DIRECTOR  
Name MACLEOD, THOMAS D  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title DIRECTOR  
Name SCHWARTZ, RICHARD W  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title ASST SECRETARY  
Name METZGER, DAVID E  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title DIRECTOR  
Name BREYFOGLE, ROY H  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title DIRECTOR  
Name SALSMAN, MONTE L  
Address C/O COMPLIANCE SERVICES 3110  
KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title DIRECTOR  
Name MCCLELLAND, MICHAEL J  
Address C/O COMPLIANCE SERVICES 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:** PHILIP M. KREMER

TREASURER

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 RUMFOLA, ANNLEA C  
Address             C/O COMPLIANCE SERVICES 3110 KETTERING  
                          BLVD  
City-State-Zip:    MORaine OH 45439

Title                   PRESIDENT  
Name                 GORDON, ROLAND L.  
Address             C/O WGS - COMPLIANCE SERVICES  
                          3110 KETTERING BLVD  
City-State-Zip:    MORaine OH 45439

Title                   SECRETARY  
Name                 ANDERSON, BRUCE E.  
Address             C/O WGS - COMPLIANCE SERVICES  
                          3110 KETTERING BLVD  
City-State-Zip:    MORaine OH 45439