

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003850

Entity Name: WINSUPPLY INC.**Current Principal Place of Business:**3110 KETTERING BLVD
C/O WGS - COMPLIANCE SERVICES
MORAIN, OH 45439**Current Mailing Address:**C/O WGS - COMPLIANCE SERVICES
3110 KETTERING BLVD
MORAIN, 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: MORAIN OH 45439

Title DIRECTOR
Name MACLEOD, THOMAS D.
Address 3110 KETTERING BLVD
City-State-Zip: MORAIN OH 45439

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

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

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

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

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

Title DIRECTOR
Name RUMFOLA, ANNLEA C.
Address 3110 KETTERING BLVD
City-State-Zip: MORAIN OH 45439

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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: SEAN W. CULLER**TREASURER****03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name GIACOMIN, JON L.
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