

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11153

Entity Name: STRATEGIC DISTRIBUTION (SDI), INC.**Current Principal Place of Business:**1414 RADCLIFFE ST STE 300
BRISTOL, PA 19007**Current Mailing Address:**1414 RADCLIFFE ST STE 300
BRISTOL, PA 19007 US**FEI Number:** 23-1737774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHAIRMAN, DIRECTOR
Name GAVIN, JOHN J
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

Title DIRECTOR
Name COOK, EVERETT
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

Title DIRECTOR
Name RICE, DON
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

Title DIRECTOR
Name LEHR, SETH J
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

Title DIRECTOR
Name MEIRING, PAUL
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

Title PRESIDENT, CEO, DIRECTOR
Name MOORE, CHRISTOPHER
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

Title CFO, SECRETARY AND TREASURER
Name BLACK, BRIAN
Address 1414 RADCLIFFE ST STE 300
City-State-Zip: BRISTOL PA 19007

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: BRIAN BLACK

CFO

04/03/2018

Electronic Signature of Signing Officer/Director Detail_____
Date