

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17088

Entity Name: MCLANE FOODSERVICE DISTRIBUTION, INC.**Current Principal Place of Business:**4747 MCLANE PARKWAY
TEMPLE, TX 76504**Current Mailing Address:**P.O. BOX 6115
TEMPLE, TX 76503-6115 US**FEI Number:** 56-1177692**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 TREASURER, DIRECTOR
Name KOCH, KEVIN J
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

Title ASST. TREASURER
Name MANN, CAROLINE R
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

Title SECRETARY
Name PARSONS, LAWRENCE M
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

Title CEO, DIRECTOR
Name FRANKENBERGER, ANTHONY W
Address 4747 MCLANE PKWY
City-State-Zip: TEMPLE TX 76504

Title PRESIDENT, DIRECTOR
Name ADZICK, SUSAN E
Address 4747 MCLANE PKWY
City-State-Zip: TEMPLE TX 76504

Title ASST. SECRETARY
Name ZWERNEMAN, MARK D
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

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: MARK D ZWERNEMAN

ASST SECRETARY

04/29/2022

Electronic Signature of Signing Officer/Director Detail_____
Date