

2019 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 ASST. SECRETARY
Name ADAMS, BARRY M
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

Title DIRECTOR, VP
Name KENT, JAMES L
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 PRESIDENT, DIRECTOR
Name ZATINA, THOMAS A
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

Title DIRECTOR, CEO
Name ROSIER, WILLIAM G
Address 4747 MCLANE PARKWAY
City-State-Zip: TEMPLE TX 76504

Title TREASURER
Name KOCH, KEVIN J
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

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: KEVIN J KOCH**TREASURER****04/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date