

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21078

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC8464213355**

**Entity Name:** THE BUDD GROUP, INC.

**Current Principal Place of Business:**

2325 SOUTH STRATFORD ROAD  
WINSTON-SALEM, NC 27103-6223

**Current Mailing Address:**

P. O. BOX 25128  
WINSTON-SALEM, NC 27114 US

**FEI Number: 56-0750470**

**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           STD  
Name           CHRISCO, GERALD L.  
Address        2325 S STRATFORD RD.  
City-State-Zip: WINSTON-SALEM NC 27103

Title           CD  
Name           BUDD, JOSEPH R  
Address        2325 S STRATFORD RD  
City-State-Zip: WINSTON-SALEM NC 27103

Title           PD  
Name           YOUSSEF, YASSER  
Address        2325 S STRATFORD ROAD  
City-State-Zip: WINSTON SALEM NC 27103

Title           COO  
Name           LARSEN, JON  
Address        2325 SOUTH STRATFORD ROAD  
City-State-Zip: WINSTON-SALEM NC 27103-6223

Title           CFO  
Name           BAGBY, KEITH  
Address        2325 SOUTH STRATFORD ROAD  
City-State-Zip: WINSTON-SALEM NC 27103-6223

*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: GERALD L. CHRISCO**

**SECRETARY**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date