

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38719

Entity Name: HD SUPPLY, INC.

Current Principal Place of Business:

3400 CUMBERLAND BOULEVARD
ATLANTA, GA 30339

Current Mailing Address:

3400 CUMBERLAND BOULEVARD
ATLANTA, GA 30339 US

FEI Number: 75-2007383

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 PRESIDENT, DIRECTOR
Name DEANGELO, JOSEPH J.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title SECRETARY
Name MCDEVITT, DAN S.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title TREASURER
Name ZEIDE, AARON
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title VP
Name LEVITT, EVAN J
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name ATKINS, BETSY S.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name PEFFER, CHARLES W.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name RUBRIGHT, JAMES A.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name ALDEN, JOHN W.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Continues on page 2

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: DAN S. MCDEVITT

SECRETARY

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AFFELDT, KATHLEEN J.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name MCNAMEE, PATRICK R.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name LEAV, PETER A.
Address 3400 CUMBERLAND BOULEVARD
City-State-Zip: ATLANTA GA 30339