

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002521

**Entity Name:** CANNON SLINE INDUSTRIAL, INC.

**Current Principal Place of Business:**

4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
HAMMOND, IN 46327

**Current Mailing Address:**

4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
HAMMOND, IN 46327 US

**FEI Number:** 20-0006176

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY  
Name CAVALLO, DAVID  
Address 4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
City-State-Zip: HAMMOND IN 46327

Title DIRECTOR, PRESIDENT  
Name JOHNSON, DAVID  
Address 4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
City-State-Zip: HAMMOND IN 46327

Title TREASURER  
Name GREENING, KENT  
Address 4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
City-State-Zip: HAMMOND IN 46327

Title DIRECTOR, VP  
Name VAN DUINEN, SCOTT R  
Address 4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
City-State-Zip: HAMMOND IN 46327

Title ASSISTANT SECRETARY  
Name HART, STEVE  
Address 4527 COLUMBIA AVE  
BUILDING 12 2ND FLOOR  
City-State-Zip: HAMMOND IN 46327

*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:** DAVID CAVALLO

**SECRETARY**

**04/24/2017**

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

\_\_\_\_\_  
Date