

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001666

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC9700315767**

**Entity Name:** WINSUPPLY NASHVILLE TN CO.

**Current Principal Place of Business:**

C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORaine, OH 45439

**Current Mailing Address:**

C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORaine, OH 45439 US

**FEI Number:** 62-1809496

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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            PRESIDENT & DIRECTOR  
Name            WARDEN, JEFFREY L  
Address        317 HILL AVE  
City-State-Zip: NASHVILLE TN 37210-4711

Title            DIRECTOR  
Name            SALSMAN, MONTE L  
Address        C/O COMPLIANCE SERVICES 3110  
                  KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title            SECRETARY  
Name            KIRKLAND, MICHAEL S.  
Address        C/O COMPLIANCE SERVICES 3110  
                  KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title            DIRECTOR  
Name            ATWELL, MICHAEL D  
Address        C/O COMPLIANCE SERVICES 3110  
                  KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title            TREASURER  
Name            CULLER, SEAN W  
Address        C/O COMPLIANCE SERVICES 3110  
                  KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title            DIRECTOR  
Name            SUTTON, MICHAEL D  
Address        7526 A.E. BEATTY DR  
City-State-Zip: BARTLETT TN 38133

*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:** SEAN W. CULLER

**TREASURER**

**01/25/2018**

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

\_\_\_\_\_  
Date