

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002692

Entity Name: INLINER AMERICAN, INC.

Current Principal Place of Business:

2531 JEWETT LANE
SANFORD, FL 32771

FILED
Apr 20, 2013
Secretary of State
CC4082102536

Current Mailing Address:

1900 SHAWNEE MISSION PARKWAY
MISSION WOODS, KS 66205

FEI Number: 76-0469163

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 D
Name REYNOLDS, JEFFREY J
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title V
Name HARRIS, MARK
Address 2531 JEWETT LANE
City-State-Zip: SANFORD FL 32771

Title VTD
Name FANSKA, JERRY W
Address 1900 SHAWNEE MISSION PKWY
City-State-Zip: MISSION KS 66205

Title P
Name PURLEE, LARRY
Address 4520 NORTH STATE ROAD 37
City-State-Zip: ORLEANS IN 47452

Title VS
Name CROOKE, STEVEN F
Address 1900 SHAWNEE MISSION PKWY
City-State-Zip: MISSION KS 66205

Title AT
Name SCHMIDT, CURTIS J
Address 1900 SHAWNEE MISSION PKWY
City-State-Zip: MISSION KS 66205

Title AT
Name PENER, KAREN J
Address 1900 SHAWNEE MISSION PARKWAY
City-State-Zip: MISSION WOODS KS 66205

Title AS
Name NEZAT, TOMMY
Address 2531 JEWETT LANE
City-State-Zip: SANFORD FL 32771

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: KAREN J PENER

ASSISTANT TREASURER 04/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name CRANDALL, ALICIA
Address 4520 NORTH STATE ROAD 37
City-State-Zip: ORLEANS IN 47452

Title DIRECTOR
Name ROBICHAUD, RENE J
Address 1900 SHAWNEE MISSION PARKWAY
City-State-Zip: MISSION WOODS KS 66205