

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14696

**Entity Name:** CORE-MARK DISTRIBUTORS, INC.**Current Principal Place of Business:**395 OYSTER POINT BLVD., SUITE 415  
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**395 OYSTER POINT BLVD., SUITE 415  
SOUTH SAN FRANCISCO, CA 94080**FEI Number:** 58-1095258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
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	PCEO
Name	PERKINS, THOMAS
Address	395 OYSTER POINT BLVD., STE. 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080-1932

Title	S
Name	CASTRO, THEODORE
Address	395 OYSTER POINT BLVD., STE. 412
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080-1932

Title	T
Name	CASTRO, THEODORE
Address	395 OYSTER POINT BLVD., STE. 412
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080-1932

Title	DIRECTOR
Name	MILLER, CHRISTOPHER
Address	395 OYSTER POINT BLVD., SUITE 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	ASST. SECRETARY
Name	HAYES, HELEN
Address	395 OYSTER POINT BLVD., SUITE 415
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

*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: THEODORE CASTRO****SECRETARY****04/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date