2018 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:

Title

Electronic Signature of Registered Agent Date

Officer/Director Detail:

1932

Title PCEO Title S

Name PERKINS, THOMAS Name CASTRO, THEODORE

Address 395 OYSTER POINT BLVD., STE. 415 Address 395 OYSTER POINT BLVD., STE. 412
City-State-Zip: SOUTH SAN FRANCISCO CA 94080- City-State-Zip: SOUTH SAN FRANCISCO CA 94080-

1932

Title T Title DIRECTOR

Name CASTRO, THEODORE Name MILLER, CHRISTOPHER

Address 395 OYSTER POINT BLVD., STE. 412 Address 395 OYSTER POINT BLVD., SUITE 415

City-State-Zip: SOUTH SAN FRANCISCO CA 94080-

ASST. SECRETARY Title DIRECTOR

Name HAYES, HELEN Name MILLER, CHRISTOPHER

Address 395 OYSTER POINT BLVD., SUITE 415 Address 395 OYSTER POINT BLVD., SUITE 415

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 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

02/22/2018 Date

FILED Feb 22, 2018

Secretary of State

CC1001810204

Electronic Signature of Signing Officer/Director Detail