

|  |                     |   |              |  |         |             |
|--|---------------------|---|--------------|--|---------|-------------|
| No. <b>C 196304</b>  |                     | Due no later than Oct 31, 2018  |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>                         |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BLACKHAWK INDUSTRIAL DISTRIBUTION, INC.<br>1501 SW EXPRESSWAY DRIVE<br>BROKEN ARROW OK 74012<br>USA |              | NATIONAL REGISTERED AGENTS INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |
|  |                     |   |              | 3. <u>New</u> Registered Agent Signature:*                                 |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                     |   |              |  |         |             |
| Office Held  | Name                | Street or PO Address  | City         | State  | Country | Postal Code |
| PRESIDENT  | WILLIAM K. SCHELLER | 1501 SW EXPRESSWAY DRIVE  | BROKEN ARROW | OK   | USA     | 74012       |
| SECRETARY  | WILLIAM K. SCHELLER | 1501 SW EXPRESSWAY DRIVE  | BROKEN ARROW | OK   | USA     | 74012       |
| DIRECTOR   | WILLIAM K. SCHELLER | 1501 SW EXPRESSWAY DRIVE  | BROKEN ARROW | OK   | USA     | 74012       |
| TREASURER  | JASON SUTHERLAND    | 1501 SW EXPRESSWAY DRIVE  | BROKEN ARROW | OK   | USA     | 74012       |
| DIRECTOR   | JASON SUTHERLAND    | 1501 SW EXPRESSWAY DRIVE  | BROKEN ARROW | OK   | USA     | 74012       |
| DIRECTOR   | RANDALL FOJTASEK    | 1501 SW EXPRESSWAY DRIVE  | BROKEN ARROW | OK   | USA     | 74012       |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>C 196304</b>  |                     | 6. Annual Report must be signed.*<br><br>Signature: Kelly Lettmann<br>Name (type or print): Kelly Lettmann<br>Date: 08/27/2018<br>Title: Power of Attorney  |              |  |         |             |
| Processed 08/27/2018   |                     | * Electronically provided signatures are accepted as original signatures.   |              |  |         |             |