



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS SVCS DIV

2019 AUG 30 P 12:17

Annual Report for the year: Amended 2018
 Corporation

The future effective date is
 10/1/2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000114114		2. Exact name of the Corporation Excl Inc.		
3. Principal Office Address 360 Westar Boulevard		City Westerville	State OH	Zip 43082
4. NAICS Code 493190	6. Brief description of the character of business conducted in Rhode Island Supply chain management, including warehousing, transportation, distribution and ancillary services relating thereto.			
5. State of Incorporation MA				
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Scott Sureddin		Vice-President Name		
Street Address 360 Westar Boulevard		Street Address		
City Westerville	State OH	Zip 43082	City	State Zip
Secretary Name Mark Smolik		Treasurer Name Scot Hofacker		
Street Address 360 Westar Boulevard		Street Address 360 Westar Boulevard		
City Westerville	State OH	Zip 43082	City Westerville	State OH Zip 43082
8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
Director Name Scott Sureddin		Director Name Scot Hofacker		
Street Address 360 Westar Boulevard		Street Address 360 Westar Boulevard		
City Westerville	State OH	Zip 43082	City Westerville	State OH Zip 43082
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE		
		15,000	CNP	0.0000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.				
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Representative Mark Smolik Vice President, General Counsel & Secretary				Date 9/1/19
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

12:17
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 BY

Officer Attachment

Robert Whipple, Associate General Counsel and Assistant Secretary - 360 Westar Boulevard, Westerville,
OH 43082