

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001301

**Entity Name:** NURSERY SUPPLIES, INC.

**Current Principal Place of Business:**

1415 ORCHARD DRIVE  
CHAMBERSBURG, PA 17201-4810

**Current Mailing Address:**

1415 ORCHARD DRIVE  
CHAMBERSBURG, PA 17201-4810

**FEI Number: 22-1801978**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, CEO, DIRECTOR  
Name            COLLINS, JOHN L  
Address        2050 AVENUE A  
City-State-Zip: KISSIMMEE FL 34758

Title            VP  
Name            DANOWSKI, JOSEPH P  
Address        1415 ORCHARD DR  
City-State-Zip: CHAMBERSBURG PA 17201

Title            VP, CFO, TREASURER  
Name            HEBERT, KENNETH A  
Address        1415 ORCHARD DR  
City-State-Zip: CHAMBERSBURG PA 17201

Title            DIRECTOR  
Name            BINCH, JAMES G  
Address        780 THIRD AVE., 40TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title            VP, SECRETARY, DIRECTOR  
Name            LYONS, MICHAEL J  
Address        780 THIRD AVE. 40TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title            VP, ASST. SECRETARY, DIRECTOR  
Name            KIM, PHILIP I  
Address        780 THIRD AVE, 40TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title            VP, ASST. SECRETARY, DIRECTOR  
Name            KODDE, W. PIETER C  
Address        780 THIRD AVE, 40TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title            DIRECTOR  
Name            SACKS, ROBERT  
Address        AMERICAN CAPITAL  
                  2 BETHESDA METRO CENTER 14TH  
                  FLOOR  
City-State-Zip: BETHESDA MD 20814

*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: KENNETH A. HEBERT**

**VP, CFO, TREASURER**

**03/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date