

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214512126

1.) CORPORATION NAME:

**Newell Sales & Marketing Group, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1545179**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 GLENLAKE PKWY

CITY/ST/ZIP: ATLANTA, GA 30328

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRADFORD R. TURNER		
TITLE:	PRESIDENT		
ADDRESS:	3 GLENLAKE PKWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOANNE P. CHOMIAK		
TITLE:	PRESIDENT		
ADDRESS:	3 GLENLAKE PKWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN K STIPANCICH		
TITLE:	SR VP/GC/SEC		
ADDRESS:	3 GLENLAKE PKWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TROY A. BRINKMEIER		
TITLE:	ASST TREASURER		
ADDRESS:	29 E. STEPHENSON ST.		
CITY/ST/ZIP/CO:	FREEPORT, IL 61032		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOANNE P. CHOMIAK		
TITLE:	TREASURER		
ADDRESS:	3 GLENLAKE PKWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL R PETERSON		
TITLE:	ASST SECRETARY		
ADDRESS:	3 GLENLAKE PKWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME:	LISA WINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2707 BUTTERFIELD RD.		
	STE. 100		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL R PETERSON	MICHAEL R PETERSON, ASST	3/5/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.