

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 017109

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**5140523222CC**

**Entity Name:** THE CORPORATION COMPANY

**Current Principal Place of Business:**

1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**Current Mailing Address:**

1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FEI Number:** 51-0099484

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S. 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:** ERIN SANDERS

04/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOLFE, CATHERINE  
Address        28 LIBERTY ST 42ND FL  
City-State-Zip: NEW YORK NY 10005

Title            EVP, SECRETARY  
Name            INGATO, ROBERT  
Address        28 LIBERTY ST 26TH FL  
City-State-Zip: NEW YORK NY 10005

Title            ASST. SECRETARY  
Name            SANDERS, ERIN  
Address        2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title            DIRECTOR, VP, ASST. TREASURER  
Name            BALNIUS, J. MICHELE  
Address        2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title            TREASURER, VP  
Name            FELDMAN, IRVING  
Address        2700 LAKE COOK ROAD  
City-State-Zip: RIVERWOODS IL 60015

Title            DIRECTOR  
Name            MONTENEGRO, MARIA  
Address        28 LIBERTY ST 26TH FL  
City-State-Zip: NEW YORK NY 10005

Title            DIRECTOR  
Name            NESTOR, THOMAS J  
Address        28 LIBERTY ST 43RD FL  
City-State-Zip: NEW YORK NY 10005

*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:** ERIN SANDERS

**ASST SECRETARY**

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date