

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006351

FILED
Feb 04, 2019
Secretary of State
2946462489CC

Entity Name: CROWN IMPORTS LLC

Current Principal Place of Business:

131 SOUTH DEARBORN STREET
CHICAGO, IL 60603

Current Mailing Address:

131 SOUTH DEARBORN STREET
CHICAGO, IL 60603 US

FEI Number: 20-5300132

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHAIRMAN
Name HACKETT, WILLIAM
Address 242 PARK
City-State-Zip: GLEN ELLYN IL 60137

Title DIRECTOR
Name SANDS, ROBERT S
Address 4000 EAST AVENUE
City-State-Zip: ROCHESTER NY 14618

Title VP
Name KLEIN, DAVID E
Address 6 SUTTON POINT
City-State-Zip: PITTSFORD NY 14534

Title VP
Name STEWART, JANET
Address 36 BARKWOOD LANE
City-State-Zip: SPENCERPORT NY 14559

Title ASST. SECRETARY
Name LAVERDI, BARBARA
Address 355 YARMOUTH ROAD
City-State-Zip: ROCHESTER NY 14610

Title VP
Name DOMINACH, OKSANA
Address 109 CLOVER HILLS DRIV
City-State-Zip: ROCHESTER NY 14618

Title ASST. SECRETARY
Name CAREY, KANEENAT
Address 7659 WILCOX STREET
City-State-Zip: FOREST PARK IL 60130

Title ASST. TREASURER
Name NAPIENTEK, MICHAEL A
Address 692 WARWICK
City-State-Zip: CAROL STREAM IL 60188

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL NAPIENTEK

ASST TREASURER

02/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name ZIAKAS, HELEN E
Address 6686 GOLF VIEW RISE
City-State-Zip: VICTOR NY 14564

Title ASSISTANT TREASURER
Name REYNOSO, DIEGO
Address 131 SOUTH DEARBORN STREET
City-State-Zip: CHICAGO IL 60603

Title VICE PRESIDENT
Name ROBINS, TIMOTHY
Address 207 HIGH POINT OFFICE PARK
City-State-Zip: VICTOR NY 14564

Title VICE PRESIDENT
Name MCCORRY, THOMAS
Address 207 HIGH POINT OFFICE PARK
City-State-Zip: VICTOR NY 14564

Title PRESIDENT
Name HETTERICH, PAUL F
Address 207 HIGH POINT
City-State-Zip: VICTOR NY 14564

Title ASSISTANT SECRETARY
Name DIGGINS, KELLY
Address 207 HIGH POINT OFFICE PARK
City-State-Zip: VICTOR NY 14564

Title ASSISTANT SECRETARY
Name BAHR, JESSICA
Address 131 SOUTH DEARBORN STREET
City-State-Zip: CHICAGO IL 60603

Title ASST. SECRETARY
Name KLANOW, KRISTEN C
Address 1502 S PRARIE
City-State-Zip: CHICAGO IL 60605