

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006351

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC0982992313**

**Entity Name:** CROWN IMPORTS LLC

**Current Principal Place of Business:**

1 SOUTH DEARBORN STREET, SUITE 1700  
CHICAGO, IL 60603

**Current Mailing Address:**

1 SOUTH DEARBORN STREET, SUITE 1700  
CHICAGO, IL 60603

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

Title S  
Name LURIE, MICHAEL  
Address 3658 NORTH SACRAMENTO  
City-State-Zip: CHICAGO IL 60618

Title DIRECTOR  
Name MULLIN, THOMAS J  
Address 109 AMBASSADOR DR  
City-State-Zip: ROCHESTER NY 14610

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 HUMPHREY, PERRY R  
Address 11 MUIRFIELD CT  
City-State-Zip: PITTSFIELD NY 14534

Title VP  
Name STENZEL, CHRISTOPHER  
Address 59 MAHOGANY RUN  
City-State-Zip: PITTSFORD NY 14534

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

**Continues on page 2**

*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:** PAULA FITZGERALD

VP

01/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY  
Name SORCE, DAVID  
Address 4867 BEDFORD DRIVE  
City-State-Zip: CANANDAIGUA NY 14424

Title VP  
Name SUMMERSON, MARTHA  
Address 102 GARDEN DRIVE  
City-State-Zip: FAIRPORT NY 14450

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

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 VP  
Name FITZGERALD, PAULA  
Address 10810 BEAR ISLAND AVE  
City-State-Zip: ORLAND PARK IL 60467