

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006351

FILED
Feb 09, 2017
Secretary of State
CC8241496851

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

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

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

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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 A. NAPIENTEK

ASSISTANT TREASURER 02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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

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