

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003638

Entity Name: H.C. DUKE & SON LLC**Current Principal Place of Business:**2116 8TH AVENUE
EAST MOLINE, IL 61244**Current Mailing Address:**2116 8TH AVENUE
EAST MOLINE, IL 61244**FEI Number:** 36-2369807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | MGR |
| Name | BERTI, FILIPPO |
| Address | 3765 CHAMPION BLVD. |
| City-State-Zip: | WINSTON-SALEM NC 27105 |

| | |
|-----------------|----------------------|
| Title | PRESIDENT |
| Name | HOTARD, THOMAS |
| Address | 2116 8TH AVENUE |
| City-State-Zip: | EAST MOLINE IL 61244 |

| | |
|-----------------|----------------------|
| Title | ASST. SECRETARY |
| Name | TALKEN, KIMBERLY |
| Address | 2116 8TH AVENUE |
| City-State-Zip: | EAST MOLINE IL 61244 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | CAMPBELL, VICTORIA |
| Address | 2116 8TH AVENUE |
| City-State-Zip: | EAST MOLINE IL 61244 |

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: KIMBERLY TALKEN

ASST. SECRETARY

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date