

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000222

Entity Name: INSTITUTE OF GAS TECHNOLOGY, INC.

Current Principal Place of Business:

1700 S. MOUNT PROSPECT ROAD
DESPLAINES, IL 60018-1804

Current Mailing Address:

1700 S. MOUNT PROSPECT ROAD
DESPLAINES, IL 60018-1804

FEI Number: 36-2170137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title DIRECTOR
Name CORBIN, ARTHUR C
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name CABRERA, CARLOS A
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR, PRESIDENT
Name CARROLL, DAVID
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name SMITH, DAVID F
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name LANE, J. BRET
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title TREASURER
Name INGOLD, JAMES
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name HOFMEISTER, JOHN D
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name SOMERHALDER II, JOHN W
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES INGOLD

TREASURER

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREENE, KIMBERLY S
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name FLORETTE, MARC J
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name STAVROPOULOS, NICK
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name MUELLER, STEVEN L
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name TRAWEEK, LORI S
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name WEBBER, MICHAEL
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name RANICH, REBECCA
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804