

2024 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 SINGH, SUMEET
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

Title DIRECTOR
Name DRURY, SCOTT
Address 555 W. 5TH STREET,
City-State-Zip: LOS ANGELES CA 90013

Title DIRECTOR
Name RANICH, REBECCA
Address 223 CHANCERY RD
City-State-Zip: BALTIMORE MD 21218

Title SECRETARY
Name FORD, QUINTON
Address 1700 S. MOUNT PROSPECT ROAD
City-State-Zip: DESPLAINES IL 60018-1804

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

Title DIRECTOR
Name STAVROPOULOS, NICK
Address 10585 E. CRESCENT MOON DRIVE,
 UNIT 5
City-State-Zip: SCOTTSDALE AZ 85262

Title DIRECTOR
Name WEBBER, MICHAEL
Address 110 INNER CAMPUS DRIVE
City-State-Zip: AUSTIN TX 78712

Title DIRECTOR
Name FLORETTE, MARC J
Address 117 RUE VIEILLE DU TEMPLE
City-State-Zip: PARIS OC 75003

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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: QUINTON FORD

SECRETARY

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TRAWEEK, LORI S
Address 330 SEVERN RD,
City-State-Zip: ANNAPOLIS MD 21401

Title DIRECTOR
Name GREENE, KIMBERLY S
Address 10 PEACHTREE PLACE NE, BIN GAS119
City-State-Zip: ATLANTA, GA 30309

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

Title DIRECTOR
Name CABRERA, CARLOS A
Address 556 ALICE DRIVE
City-State-Zip: NORTHBROOK IL 60062

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

Title DIRECTOR
Name SOMERHALDER II, JOHN W
Address 3498 NANCY CREEK RD, NW
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name SMITH, DAVID F
Address 6363 MAIN STREET
City-State-Zip: WILLIAMSVILLE NY 14221

Title DIRECTOR
Name CORBIN, ARTHUR C
Address 104 TOWNPARK DRIVE
City-State-Zip: KENNESAW GA 30144