

**2019 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           PRESIDENT  
Name           CARROLL, DAVID  
Address        1700 S. MOUNT PROSPECT ROAD  
City-State-Zip: DESPLAINES IL 60018-1804

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

*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: MICHAEL MOMOT**

**AUTHORIZED PERSON**

**05/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date