

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000067

**Entity Name:** LEADERSHIP RESOURCES INTERNATIONAL - INCORPORATED**Current Principal Place of Business:**12575 RIDGELAND AVE  
PALOS HEIGHTS, IL 60463**Current Mailing Address:**12575 RIDGELAND AVE  
PALOS HEIGHTS, IL 60463 US**FEI Number:** 36-2972097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEPH, ESQ., CCA, JOHN P REV  
2429 CENTRAL AVE, STE 207  
ST. PETERSBURG, FL 33713 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 CHAIRMAN  
Name BIHL, ERIC  
Address 9219 THORNWOOD DR  
City-State-Zip: TINLEY PARK IL 60487

Title P  
Name PARRO, CRAIG  
Address 10526 S LEAVITT  
City-State-Zip: CHICAGO IL 60643

Title T  
Name DONOFRIO, LEN  
Address 5851 W 124TH PL  
City-State-Zip: ALSIP IL 60803

Title DIRECTOR  
Name TAN, HENRY DR.  
Address 11079 CRATER LAKE  
City-State-Zip: SAN DIEGO CA 92126

Title D  
Name KELLY, TODD REV  
Address 780 W HAWTHORNE BLVD  
City-State-Zip: WHEATON IL 60187

Title S  
Name LAMPOS, JEFFREY  
Address 13700 LAGO LN  
City-State-Zip: ORLANDO PARK IL 60462

Title D  
Name DEMOSS, GARY  
Address 41W833 HIGH POINT CT  
City-State-Zip: ELBURN IL 60119

Title DIRECTOR  
Name BREWER, JEFF  
Address 822 S MICHIGAN AVE  
City-State-Zip: VILLA PARK IL 60181

**Continues on page 2**

*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: CRAIG PARRO****PRESIDENT****02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GROELSEMA, TOM
Address	2600 MEADOWRIDGE DR SW
City-State-Zip:	BYRON CENTER MI 49315