

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 831578

**Entity Name:** SIGNATURE MOTOR CLUB, INC.

**Current Principal Place of Business:**

2775 SANDERS ROAD  
E2E  
NORTHBROOK, IL 60062

**FILED**  
**Apr 15, 2021**  
**Secretary of State**  
**5687806545CC**

**Current Mailing Address:**

2775 SANDERS RD.  
E2E  
NORTHBROOK, IL 60062 US

**FEI Number: 35-1310961**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ASSISTANT SECRETARY  
Name GORDON, DANIEL G.  
Address 2775 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title ASSISTANT SECRETARY  
Name WILLEMSSEN, LISETTE S.  
Address 2775 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title COO, DIRECTOR  
Name TRACH, JOAN S  
Address 2775 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title CHARIMAN OF THE BOARD,  
PRESIDENT, CFO, DIRECTOR  
Name FERREN, ERIC K  
Address 2775 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title VP AND ASSISTANT TREASURER  
Name LUNDAHL, CAROL E  
Address 3075 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title SENIOR VP  
Name HWANG, CHRISTINA  
Address 3075 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title SENIOR VP, SECRETARY  
Name WELTON, COURTNEY V  
Address 2775 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title VP, CHIEF RISK OFFICER  
Name GALLERY, ELIZABETH A  
Address 2775 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOAN S. TRACH**

**CHIEF OPERATING  
OFFICER**

**04/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, SVP, CONTROLLER  
Name           PINTOZZI, JOHN C  
Address        3075 SANDERS ROAD  
City-State-Zip:  NORTHBROOK IL 60062

Title           SVP, TREASURER  
Name           PEDRAJA, MICHAEL A  
Address        3075 SANDERS ROAD  
City-State-Zip:  NORTHBROOK IL 60062