

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005771

Entity Name: GROWMARK, INC.**Current Principal Place of Business:**1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701**Current Mailing Address:**1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701**FEI Number:** 37-0815318**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 TREASURER
Name LYNCH, JEFFREY
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title ASSISTANT SECRETARY
Name HESSLER, SANDRA
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name CARROLL, KEVIN
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name FORTNEY, MARY
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP / ASSISTANT SECRETARY
Name BOSTROM, BRENT
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title PRESIDENT
Name SPRADLIN, JAMES
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name ERICSON, BRENT
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP, CFO
Name KAHER, ANN
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

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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: WADE MITTELSTADT**TREASURER****04/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name SCHMIDT, BARRY
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name MITTELSTADT, WADE
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name MARK, ORR
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name TURNER, MIKE
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701