

**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           VP / ASSISTANT SECRETARY  
Name           BOSTROM, BRENT  
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           PRESIDENT  
Name           SPRADLIN, JAMES  
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           ERICSON, BRENT  
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, CFO  
Name           KAFFER, 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