

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005229

Entity Name: COPPERCOM, INC.

**Current Principal Place of Business:**

27501 BELLA VISTA PARKWAY  
WARRENVILLE, IL 60555

**FILED**  
**May 30, 2020**  
**Secretary of State**  
**0456976066CC**

**Current Mailing Address:**

27501 BELLA VISTA PARKWAY  
WARRENVILLE, IL 60555 US

FEI Number: 77-0457491

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	VP	Title	VICE PRESIDENT; SECRETARY
Name	CHLOUPEK, BRETT JOHN	Name	O'CONNELL, DAWN GARD
Address	27501 BELLA VISTA PARKWAY	Address	27501 BELLA VISTA PARKWAY
City-State-Zip:	WARRENVILLE IL 60555	City-State-Zip:	WARRENVILLE IL 60555
Title	PRESIDENT; CEO	Title	DIRECTOR
Name	FREDIANI, STEVEN M.	Name	HICKS, JONATHAN
Address	27501 BELLA VISTA PARKWAY	Address	27501 BELLA VISTA PARKWAY
City-State-Zip:	WARRENVILLE IL 60555	City-State-Zip:	WARRENVILLE IL 60555
Title	DIRECTOR	Title	DIRECTOR
Name	STOECKEL, EMILY HEISLEY	Name	MEADOWS, STANLEY H.
Address	27501 BELLA VISTA PARKWAY	Address	27501 BELLA VISTA PARKWAY
City-State-Zip:	WARRENVILLE IL 60555	City-State-Zip:	WARRENVILLE IL 60555
Title	ASSISTANT SECRETARY	Title	DIRECTOR
Name	MEADOWS, STANLEY H.	Name	FREDIANI, STEVEN M.
Address	27501 BELLA VISTA PARKWAY	Address	27501 BELLA VISTA PARKWAY
City-State-Zip:	WARRENVILLE IL 60555	City-State-Zip:	WARRENVILLE IL 60555

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

SIGNATURE: MATTHEW J. NOLAN

ASSISTANT SECRETARY 05/30/2020

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name SAWITZ, WILLIAM J.  
Address 27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title ASSISTANT SECRETARY  
Name NOLAN, MATTHEW J.  
Address 27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title CHAIRMAN  
Name STOECKEL, EMILY HEISLEY  
Address 27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555