

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005229

Entity Name: COPPERCOM, INC.

**Current Principal Place of Business:**

27501 BELLA VISTA PARKWAY  
WARRENVILLE, IL 60555

**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           TREASURER  
Name           TEJANI, ZEESHAN  
Address        27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title           VICE PRESIDENT; SECRETARY  
Name           SULLIVAN, JOSEPH A  
Address        27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title           VP  
Name           CHLOUPEK, BRETT JOHN  
Address        27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title           PRESIDENT; CEO  
Name           FREDIANI, STEVEN M.  
Address        27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title           DIRECTOR  
Name           FREDIANI, STEVEN M.  
Address        27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

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

**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   04/24/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HICKS, JONATHAN  
Address 27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

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

Title DIRECTOR  
Name MEADOWS, STANLEY H.  
Address 27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555

Title ASSISTANT SECRETARY  
Name MEADOWS, STANLEY H.  
Address 27501 BELLA VISTA PARKWAY  
City-State-Zip: WARRENVILLE IL 60555