

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006674

Entity Name: E. D. ETNYRE & CO.**Current Principal Place of Business:**1333 S. DAYSVILLE ROAD
OREGON, IL 61061**Current Mailing Address:**1333 S. DAYSVILLE ROAD
OREGON, IL 61061**FEI Number:** 36-3732020**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	D
Name	DAVIS, SUSAN
Address	1333 S. DAYSVILLE ROAD
City-State-Zip:	OREGON IL 61061

Title	D
Name	ETNYRE, DONALD R
Address	1333 SOUTH DAYSVILLE RD
City-State-Zip:	OREGON IL 61061

Title	P
Name	IYER, GANESH
Address	1333 S. DAYSVILLE ROAD
City-State-Zip:	OREGON IL 61061

Title	D
Name	PLOCH, GREG
Address	1333 S DAYSVILLE ROAD
City-State-Zip:	OREGON IL 61061

Title	VP
Name	SHURSON, CRAIG
Address	1333 S. DAYSVILLE ROAD
City-State-Zip:	OREGON IL 61061

Title	SECRETARY
Name	MASTERS, MELISS
Address	1333 S DAYSVILLE ROAD
City-State-Zip:	OREGON IL 61061-

Title	CFO
Name	GELANDE, MICHAEL J
Address	1333 S DAYSVILLE ROAD
City-State-Zip:	OREGON IL 61061-

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: MICHAEL J GELANDE**CFO****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date