

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007205

**Entity Name:** FARNSWORTH GROUP, INC.

**Current Principal Place of Business:**

2709 MCGRAW DRIVE  
BLOOMINGTON, IL 61704

**Current Mailing Address:**

2709 MCGRAW DRIVE  
BLOOMINGTON, IL 61704

**FEI Number:** 37-1123236

**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           CEOP  
Name           JENSEN, KAREN M  
Address        823 W. BENNETT CT.  
City-State-Zip: DUNLAP IL 61525

Title           CD  
Name           SKAGGS, DONALD R  
Address        P.O. BOX 738  
City-State-Zip: PINETOP AZ 85935

Title           D  
Name           QUICK, AARON  
Address        P.O. BOX 408  
City-State-Zip: NORMAL IL 61761

Title           D  
Name           GAVIN, DANIEL P  
Address        13707 W. ROUTE 150  
City-State-Zip: BRIMFIELD IL 61517

Title           D  
Name           FINLEN, C N  
Address        1113 BROADWAY  
City-State-Zip: NORMAL IL 61761

Title           DIRECTOR  
Name           BARRY, EDWARD J  
Address        2816 N. LINN STREET  
City-State-Zip: PEORIA IL 61604

Title           DIRECTOR  
Name           MCINTOSH, ROBERT J.  
Address        1900 MITCHELL DRIVE  
City-State-Zip: EUREKA IL 61530

Title           DIRECTOR  
Name           O'CONNOR, GREGORY J.  
Address        323 GRANT DRIVE  
City-State-Zip: COLUMBIA IL 62236

**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: RICK RICHARDSON**

**TREASURER**

**03/20/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NIEHAUS, FRED  
Address 1088 W. CALEY AVENUE  
City-State-Zip: LITTLETON CO 80120

Title TREASURER  
Name RICHARDSON, RICK  
Address 928 W. AUSTIN DRIVE  
City-State-Zip: PEORIA IL 61614

Title DIRECTOR  
Name WOLF, MICHAEL G.  
Address 307 HIGHLAND AVE.  
City-State-Zip: NORMAL IL 61761

Title DIRECTOR  
Name KOHLHASE, ROBERT C.  
Address 38 BOARDWALK CIRCLE  
City-State-Zip: BLOOMINGTON IL 61701

Title ASST. SECRETARY  
Name GREGORY, PATTI A  
Address 52 PRENZLER DRIVE  
City-State-Zip: BLOOMINGTON IL 61704

Title ASST. SECRETARY  
Name BURGE, SCOTT CHRISTOPHER  
Address 2211 BRADLEY AVENUE  
City-State-Zip: CHAMPAIGN IL 61821