## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0500007205

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

#### 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

## Officer/Director Detail :

Officer/Direc	to Detail.		
Title	CEOP	Title	CD
Name	JENSEN, KAREN M	Name	SKAGGS, DONALD R
Address	823 W. BENNETT CT.	Address	P.O. BOX 738
City-State-Zip:	DUNLAP IL 61525	City-State-Zip:	PINETOP AZ 85935
Title	D	Title	D
Name	QUICK, AARON	Name	GAVIN, DANIEL P
Address	P.O. BOX 408	Address	13707 W. ROUTE 150
City-State-Zip:	NORMAL IL 61761	City-State-Zip:	BRIMFIELD IL 61517
Title Name Address	D FINLEN, C N 1113 BROADWAY	Title Name Address	DIRECTOR NIEHAUS, FRED 1088 W. CALEY AVENUE
City-State-Zip:	NORMAL IL 61761	City-State-Zip:	LITTLETON CO 80120
Title Name Address City-State-Zip:	DIRECTOR, SECRETARY KOHLHASE, ROBERT C. 38 BOARDWALK CIRCLE BLOOMINGTON IL 61701	Title Name Address City-State-Zip:	TREASURER RICHARDSON, RICK 928 W. AUSTIN DRIVE PEORIA IL 61614

## 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

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 21, 2019 Secretary of State 9386110736CC

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	ASST. SECRETARY	Title	DIRECTOR
Name	GREGORY, PATTI A	Name	WOLF, MICHAEL G.
Address	52 PRENZLER DRIVE	Address	307 HIGHLAND AVE.
City-State-Zip:	BLOOMINGTON IL 61704	City-State-Zip:	NORMAL IL 61761
Title	ASST. SECRETARY	Title	DIRECTOR
Name	BURGE, SCOTT CHRISTOPHER	Name	BONNER, DOUGLAS
Address	2211 BRADLEY AVENUE	Address	6 BLUE SPRING COURT
City-State-Zip:	CHAMPAIGN IL 61821	City-State-Zip:	GLEN CARBON IL 62034
Title	DIRECTOR	Title	DIRECTOR
Name	COOK, GREGORY	Name	TIMOTHY , KIEFER
Address	2610 S. NOTTINGHAM CT.	Address	310 S. ORR DRIVE
City-State-Zip:	CHAMPAIGN IL 61821	City-State-Zip:	NORMAL IL 61761
Title	DIRECTOR		

City-State-Zip: AURORA CO 80016

BRIAN, MYERS

6268 S. MUSCADINE CT.

Name

Address