

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001049

Entity Name: CLARKE AQUATIC SERVICES, INC.**Current Principal Place of Business:**675 SIDWELL COURT
SAINT CHARLES, IL 60174**Current Mailing Address:**675 SIDWELL COURT
SAINT CHARLES, IL 60174 US**FEI Number:** 13-4306095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	C
Name	CLARKE, MARY K
Address	159 N GARDEN AVE
City-State-Zip:	ROSELLE IL 60172

Title	PDT
Name	CLARKE, III, JOHN L
Address	159 N GARDEN AVE
City-State-Zip:	ROSELLE IL 60172

Title	S
Name	TECSON, ANDREW P
Address	30 S WACKER DR SUITE 2600
City-State-Zip:	CHICAGO IL 60606

Title	VP
Name	REITER, JULIE
Address	159 N GARDEN AVENUE
City-State-Zip:	ROSELLE IL 60172

Title	VP
Name	FRUENDT, JOEL
Address	159 N GARDEN AVENUE
City-State-Zip:	ROSELLE IL 60172

Title	VP
Name	MAGRO, A.KEVIN
Address	159 N GARDEN AVENUE
City-State-Zip:	ROSELLE IL 60172

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: JOHN L. CLARKE, III**PTD****01/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date