

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002540

**Entity Name:** KELLER MEDICAL, INC.

**Current Principal Place of Business:**

1 N WAUKEGAN ROAD  
NORTH CHICAGO, IL 60064

**Current Mailing Address:**

1 N WAUKEGAN ROAD  
TAX DEPARTMENT AP34-3  
NORTH CHICAGO, IL 60064 US

**FEI Number:** 26-2093764

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O 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            PRESIDENT, DIRECTOR  
Name            MICHAEL, ROBERT A  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            D, VP  
Name            BRISTOW, LINDSEY M.  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            TREASURER  
Name            REENTS, SCOTT T  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            SECRETARY  
Name            LAGUNAS, JENNIFER M  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            ASST. SECRETARY  
Name            CORBIN, JOHANNA M  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            ASST. TREASURER  
Name            KLINTWORTH, WAYNE  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            ASST. SECRETARY  
Name            WEITH, EMILY  
Address        1 N WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title            VP  
Name            SHINDLER, MARTIN  
Address        5 GIRALDA FARMS  
City-State-Zip: MADISON NJ 07940

*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:** LINDSEY BRISTOW

**VICE PRESIDENT**

**04/28/2022**

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

\_\_\_\_\_  
Date