

**2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000004803

**Entity Name:** PROCURA MANAGEMENT, INC.

**Current Principal Place of Business:**

1600 MCCONNOR PARKWAY  
SCHAUMBURG, IL 60173

**FILED**  
**Aug 25, 2020**  
**Secretary of State**  
**5107990850CC**

**Current Mailing Address:**

1600 MCCONNOR PARKWAY  
SCHAUMBURG, IL 60173 US

**FEI Number: 14-1873402**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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           TREASURER  
Name           GILL, PETER MARSHALL  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           DIRECTOR  
Name           YOUNG, DAVID WAYNE  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           ASSISTANT SECRETARY  
Name           OBERG, DAVID JOHN  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           ASSISTANT SECRETARY  
Name           LANG, HEATHER ANASTASIA  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           SECRETARY  
Name           PETERSON, KAREN ELIZABETH  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           CEO  
Name           YOUNG, DAVID WAYNE  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           PRESIDENT  
Name           YOUNG, DAVID WAYNE  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title           ASSISTANT SECRETARY  
Name           BENCIVENGA, JOHN WILLIAM  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

**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: HEATHER ANASTASIA LANG**

**ASSISTANT SECRETARY    08/25/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name FARMER, DAVID CROWN  
Address 1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR  
Name GROSKLAYS, JEFFREY DAVID  
Address 1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173