

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002893

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC5145815289**

**Entity Name:** PLAZA ONE REALTY CO.

**Current Principal Place of Business:**

ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710-0001

**Current Mailing Address:**

ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710-0001 US

**FEI Number:** 37-1403155

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 PCEO, DIRECTOR  
Name MONK, JOE  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title VP, DIRECTOR  
Name PAUL, DICK  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title OFFICER, DIRECTOR  
Name MEEK, KEN  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title S  
Name HAYNES, TODD J  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title ASST. SECRETARY  
Name BAINBRIDGE, ROGER L  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title ASST. SECRETARY  
Name WILLARD, DAN  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title ASST. SECRETARY  
Name TRAPANE, TERRY  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

Title ASST. SECRETARY  
Name SOMERS, TESSA  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001

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*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:** DAN WILLARD

**ASSISTANT SECRETARY 04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name LEWAND, BRIAN  
Address ONE STATE FARM PLAZA  
City-State-Zip: BLOOMINGTON IL 61710-0001