

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002893

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 04/18/2019

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