

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003115

**Entity Name:** J.A. WATTS, INC.**Current Principal Place of Business:**940 W ADAMS STREET  
SUITE 400  
CHICAGO, IL 60607**Current Mailing Address:**835 MCCLINTOCK DRIVE, 2ND FL.  
C/O WILLIAM M. BRENNAN  
BURR RIDGE, IL 60527 US**FEI Number:** 36-4295682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
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	D/P	Title	S/T
Name	WATTS, JULIE A	Name	WATTS, JULIE A
Address	940 W ADAMS STREET SUITE 400	Address	940 W ADAMS STREET SUITE 400
City-State-Zip:	CHICAGO IL 60607	City-State-Zip:	CHICAGO IL 60607
Title	D/VP	Title	D
Name	SCHOONVELD, MARK	Name	WATTS, EARLENE
Address	940 W ADAMS STREET SUITE 400	Address	940 W ADAMS STREET SUITE 400
City-State-Zip:	CHICAGO IL 60607	City-State-Zip:	CHICAGO IL 60607

*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:** JULIE A. WATTS**PRESIDENT****04/27/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date