

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000001146

**Entity Name:** CONSOR NORTH AMERICA, INC.

**Current Principal Place of Business:**

155 N WACKER DR., SUITE 4150  
CHICAGO, IL 60606

**Current Mailing Address:**

155 N WACKER DR., SUITE 4150  
CHICAGO, IL 60606 US

**FEI Number:** 93-0768555

**Certificate of Status Desired:** No

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

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 DIRECTOR, CEO  
Name PATIL,, SANDEEP N  
Address 23142 SAN NICHOLAS PLACE,  
City-State-Zip: ,KATY TX 77494

Title DIRECTOR, CEO  
Name RAYASAM, , CHRIS  
Address 16895 CHAPIN WAY,LAKE  
City-State-Zip: OSWEGO OR 97304

Title CFO  
Name FETZER, AARON  
Address 8516 LOOKOUT CLIFF PASS,  
City-State-Zip: AUSTIN TX 78737

Title VP, DIRECTOR  
Name GERNANT, , ERIK  
Address 176 JONATHAN COURT,GLEN  
City-State-Zip: ELLYN IL 60137

Title SECRETARY  
Name CASS,, MATTHEW PAUL  
Address 82 S FLANDERS ST,  
City-State-Zip: CHAPEL HILL, NC 27517

Title DIRECTOR  
Name GWILLIAM, , SCOTT  
Address 1314 HINMAN AVE,  
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR  
Name RANGASWAMY,, GOVINDRAJ M  
Address 3193 ISLEWOOD AVE,  
City-State-Zip: WESTON FL 33332

Title DIRECTOR  
Name SCHWARTZ, , ZINA  
Address 13835 SAINT MARYS LN,,  
City-State-Zip: HOUSTON TX 77079

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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:** MATTHEW PAUL CASS,

**SECRETARY**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SHIMANEK, , MINDY  
Address        4824 NORTH CLEVELAND STREET,  
City-State-Zip: ENID OK 73703