## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F9600000820

Entity Name: AMERICAN IMAGING MANAGEMENT, INC.

**Current Principal Place of Business:** 

8600 W. BRYN MAWR AVE. S. TOWER, STE. 800 CHICAGO, IL 60631

**Current Mailing Address:** 

8600 W. BRYN MAWR AVE. S. TOWER, STE. 800 CHICAGO, IL 60631 US

FEI Number: 36-3692630 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:

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title TREASURER

Name KIEFER, KATHLEEN S Name SCHER, VINCENT E

Address 8600 W. BRYN MAWR AVE. Address 8600 W. BRYN MAWR AVE.

S. TOWER, STE. 800 S. TOWER, STE. 800

104.00 H, 20004

City-State-Zip: CHICAGO IL 60631 City-State-Zip: CHICAGO IL 60631

Title DIRECTOR Title DIRECTOR

Name PENCZEK, RONALD W Name WAGNER, JAY H

Address 8600 W. BRYN MAWR AVE. Address 8600 W. BRYN MAWR AVE.

S. TOWER, STE. 800 S. TOWER, STE. 800 CHICAGO IL 60631 City-State-Zip: CHICAGO IL 60631

Title PRESIDENT, CEO, DIRECTOR

Name MANDEL, ROBERT

Address 8600 W. BRYN MAWR AVE.

S. TOWER, STE. 800

City-State-Zip: CHICAGO IL 60631

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: KIEFER, KATHLEEN SUSAN

**SECRETARY** 

02/25/2023

Date

FILED Feb 25, 2023

**Secretary of State** 

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