## 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001712

Entity Name: DIVERSIFIED CPC INTERNATIONAL, INC.

# **Current Principal Place of Business:**

2250 S. CHICAGO STREET SUITE 216 JOLIET, IL 60436

# **Current Mailing Address:**

2250 S. CHICAGO STREET SUITE 216 JOLIET, IL 60436 US

# FEI Number: 36-3802309

## 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

## Officer/Director Detail :

	Title	DIRECTOR	Title	DIRECTOR		
	Name	AKIYAMA, KOH	Name	HARA, TAKESHI		
	Address	2250 S. CHICAGO STREET SUITE 216	Address	2250 S. CHICAGO STREET SUITE 216		
	City-State-Zip:	JOLIET IL 60436	City-State-Zip:	JOLIET IL 60436		
	Title	DIRECTOR	Title	VP		
	Name	TSUJIGAKI, TAKUYA	Name	DOWD, JOHN		
	Address	2250 S. CHICAGO STREET SUITE 216	Address	2250 S. CHICAGO STREET SUITE 216		
	City-State-Zip:	JOLIET IL 60436	City-State-Zip:	JOLIET IL 60436		
	Title	DIRECTOR	Title	DIRECTOR		
	Name	SUGIMOTO, AKIRA	Name	AURIEMMA, WILLIAM		
	Address	300 MADISON AVENUE	Address	2250 S. CHICAGO STREET SUITE 216		
	City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	JOLIET IL 60436		
	Title	SECRETARY	Title	TREASURER / CFO		
	Name	PONIGRI, PAUL	Name	CAPONIGRI, PAUL		
	Address	2250 S. CHICAGO STREET SUITE 216	Address	2250 S. CHICAGO STREET SUITE 216		
	City-State-Zip:	JOLIET IL 60436	0 <sup>11</sup> 01 1 7			
			City-State-Zip:	JOLIET IL 60436		

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SECRETARY

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: PAUL CAPONIGRI

Electronic Signature of Signing Officer/Director Detail

# FILED May 30, 2020 Secretary of State 6763626245CC

Certificate of Status Desired: No

Date

05/30/2020 Date

#### **Officer/Director Detail Continued :**

Title	VP	Title	VP
Name	CAPONIGRI, PAUL	Name	MADIGAN, WILLIAM
Address	2250 S. CHICAGO STREET SUITE 216	Address	2250 S. CHICAGO STREET SUITE 216
City-State-Zip:	JOLIET IL 60436	City-State-Zip:	JOLIET IL 60436
Title	VP	Title	PRESIDENT / CEO
Title Name	VP FRAUENHEIM, WILLIAM	Title Name	PRESIDENT / CEO AURIEMMA, WILLIAM