

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000000041

Entity Name: EXPOSITION SERVICE CONTRACTORS ASSOCIATION, INC.

FILED
Mar 05, 2025
Secretary of State
9642358193CC

Current Principal Place of Business:

8501 W. 191ST STREET
UNIT 1
MOKENA, IL 60448

Current Mailing Address:

8501 W. 191ST STREET
UNIT 1
MOKENA, IL 60448 US

FEI Number: 34-1270286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 E. PARK AVENUE, 2ND FLOOR
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 DIRECTOR
Name CHARLES, GLENN
Address 355 NORTH CANAL STREET SUITE C1
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CLAYTON, CORY
Address 2200 CONSULATE DRIVE
City-State-Zip: ORLANDO FL 32837

Title VP
Name PEKOWSKI, RANDALL
Address 2245 KELLER WAY STE 310
City-State-Zip: CARROLLTON TX 75006

Title PRESIDENT
Name VRIENS, TAYLOR
Address 424 SOUTH 700 EAST
City-State-Zip: SALT LAKE CITY UT 84102

Title DIR
Name CHACHERE, LAURA
Address 1000 ELMWOOD PARK BLVD
City-State-Zip: NEW ORLEANS LA 70123

Title DIR
Name GROSSENBACHER, LARRY
Address 60 BROAD STREET
City-State-Zip: CARLSTADT NJ 07072

Title DIRECTOR
Name BURNS, ANDRE
Address 1424 HILLS PLACE
City-State-Zip: ATLANTA GA 30318

Title SECRETARY
Name CARROLL, PETE
Address 6800 SANTA FE DRIVE
City-State-Zip: HODGKINS IL 60525

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE KAGY

EXECUTIVE DIRECTOR

03/05/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JAMES, HALSEY
Address 900 SEVENTH STREET, NW
City-State-Zip: DC WA 20001

Title CEO
Name KAGY, JULIE
Address 8501 W. 191ST STREET, UNIT 1
City-State-Zip: MOKENA IL 60448

Title DIRECTOR
Name WILSON, ROB
Address 350 EAST OGDEN AVENUE
City-State-Zip: WESTMONT IL 60559

Title DIRECTOR
Name SCOTT, LEBWOLH
Address 115 NEWFIELD AVENUE, SUITE E
City-State-Zip: EDISON NJ 08837

Title DIRECTOR
Name KELLEY, JAMES
Address 645 LINN STREET
City-State-Zip: CINCINNATI OH 45203