2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2024
Secretary of State
7863209747CC

DOCUMENT# F23000000041

Entity Name: EXPOSITION SERVICE CONTRACTORS ASSOCIATION, INC.

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: Yes

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	ROSS, DAMON
Address	3455 WEST SUNSET ROAD STE A
City-State-Zip:	LAS VEGAS NV 89118

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

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

Title	DIRECTOR
Name	PUTZER, PATRICK
Address	2860 NORTH DUG GAP ROAD
City-State-Zip:	DALTON GA 30120

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

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

Title	DIR
Name	HEFFERNAN, TIM
Address	8 LAKEVILLE BUSINESS PARK UNIT 1
City-State-Zip:	LAKEVILLE MA 02347

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

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

SIGNATURE: JULIE KAGY — EXECUTIVE DIRECTOR — 04/22/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANDERS, JOANNE
Address	207 WEST 25TH STREET
City-State-Zip:	NEW YORK NY 10001

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

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