

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P32220

**Entity Name:** VIETNOW NATIONAL HEADQUARTERS, INC.**Current Principal Place of Business:**1835 BROADWAY  
ROCKFORD, IL 61104**Current Mailing Address:**1835 BROADWAY  
ROCKFORD, IL 61104**FEI Number: 36-3420947****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STAGNITTA, LINDA ENO  
2601 ALOE AVENUE  
COCONUT CREEK, FL 33063 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 P  
Name LEWIS , JOSEPH  
Address 915 NORTH HAWWOW LANE  
City-State-Zip: MARENGO IL 60152

Title TREASURER  
Name RUCKI, STEVEN  
Address 3651 BUNKER HILL DRIVE  
City-State-Zip: ALGONQUIN IL 60304

Title D  
Name BATES, JOHN  
Address 2287 MERRICK DRIVE  
City-State-Zip: CALEDONIA IL 61011

Title DIRECTOR  
Name HOLDERMAN, HERB  
Address 608 ZAGREB AVENUE  
City-State-Zip: SYCAMORE IL 60178

Title VP  
Name BRANCH, EDWARD  
Address 3021 JOHN STREET  
City-State-Zip: EASTON PA 18045

Title S  
Name GILIGAN, DARRELL  
Address 611 S. GOODLING STREET  
City-State-Zip: WINNEBAGO IL 61088

Title D  
Name DAVIS, JOHN  
Address 126 WEST TAYLOR STREET  
City-State-Zip: DE KALB IL 60115

Title DIRECTOR  
Name SPENCER, BARNEY  
Address 1669 WHITE OAK TRAIL  
City-State-Zip: CHERRY VALLEY IL 61016

*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: JOSEPH A. LEWIS****PRESIDENT****01/22/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date