

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 843498

**Entity Name:** WISS, JANNEY, ELSTNER ASSOCIATES, INC.

**Current Principal Place of Business:**

330 PFINGSTEN RD.  
NORTHBROOK, IL 60062

**Current Mailing Address:**

330 PFINGSTEN RD.  
NORTHBROOK, IL 60062 US

**FEI Number:** 36-2757956

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1200 HAYS STREET  
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 D  
Name STRATMAN, STEVEN F  
Address 7446 N. 124 ST  
City-State-Zip: OMAHA NE 68142

Title VP  
Name KLEIN, GARY J  
Address 330 PFINGSTEN RD.  
City-State-Zip: NORTHBROOK IL 60062

Title PRESIDENT, DIR  
Name NUGENT, WILLIAM J  
Address 330 PFINGSTEN ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title CFO  
Name SCHMIT, STEVEN  
Address 330 PFINGSTEN RD  
City-State-Zip: NORTHBROOK IL 60062

Title VP  
Name CHIN, IAN  
Address 10 S LASALLE  
City-State-Zip: CHICAGO IL 60603

Title VP  
Name POPOVIC, PREDRAG  
Address 330 PFINGSTEN ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title SECRETARY  
Name SAFRANEK, STEPHEN J  
Address 330 PFINGSTEN RD.  
City-State-Zip: NORTHBROOK IL 60062

Title ASSISTANT SECRETARY  
Name STEPHAN, EDMUND A III  
Address 330 PFINGSTEN RD.  
City-State-Zip: NORTHBROOK IL 60062

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

**SIGNATURE:** STEVEN SCHMIT

CFO

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KRINSKY, ROBERT D  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name PERRY, TRACY M  
Address 3609 S. WADSWORTH BLVD.  
SUITE 400  
City-State-Zip: LAKEWOOD CO 80235

Title DIRECTOR  
Name GERNS, EDWARD A  
Address 10 S LASALLE ST  
SUITE 2600  
City-State-Zip: CHICAGO IL 60603

Title FLORIDA RESIDENT VICE PRESIDENT FOR  
ARCHITECTURE  
Name ZIMNICKI, KAREN K.  
Address 110 E. BROWARD BLVD.  
SUITE 1860  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name GILMARTIN, UNA  
Address 2000 POWELL ST  
SUITE 1650  
City-State-Zip: SAN FRANCISCO CA 94608

Title DIRECTOR  
Name LEWIS, JONATHAN  
Address 10 S LASALLE STREET  
SUITE 2600  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name CARLTON, MATTHEW P  
Address 9511 NORTH LAKE  
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR  
Name WHITE, DON  
Address 4324 W. ABDERDEEN AVENUE  
City-State-Zip: LITTLETON CO 80123

Title DIRECTOR  
Name HORST, MIKE  
Address 2915 PREMEIRE PARKWAY  
SUITE 100  
City-State-Zip: DULUTH GA 30097

Title DIRECTOR  
Name CHAUVIN, MARK  
Address 605 HIGHWAY 169 NORTH  
SUITE 1000  
City-State-Zip: MINNEAPOLIS MN 55441

Title DIRECTOR  
Name WEBER, RICHARD  
Address 330 PFINGSTEN RD.  
City-State-Zip: NORTHBROOK IL 60062