

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003509

Entity Name: MEDCOR, INC.**Current Principal Place of Business:**4805 W PRIME PARKWAY
MCHENRY, IL 60050**Current Mailing Address:**PO BOX 550
MCHENRY, IL 60050**FEI Number:** 36-3329823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
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 PCEO
Name SEEGER, PHILIP
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title STDC
Name PETERSEN, BENNET
Address 4805 W PRIME PKWY
City-State-Zip: MCHENRY IL 60050

Title CFO
Name SMITH, CHERYL
Address 4805 W PRIME PKWY
City-State-Zip: MCHENRY IL 60050

Title VC
Name CROTTY, JOHN
Address 4805 W PRIME PKWY
City-State-Zip: MCHENRY IL 60050

Title C
Name MYERS, JERRY
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title VPD
Name SMITH, CURTIS
Address 4805 W PRIME PKWY
City-State-Zip: MCHENRY IL 60050

Title VP
Name JASKOWIAK, JERRY
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title VP
Name DOOLEY, ROBERT
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

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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: BENNET PETERSEN**SECRETARY****03/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name SAHOURI, TIM
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title VP
Name LARSON, MARK
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title DIRECTOR
Name CROTTY, JOHN
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title OFFICER
Name GLIMP, THOMAS
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title VP
Name KLEEBURG, PETER
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title DIRECTOR
Name ROTHERMEL, ROBERT
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title DIRECTOR
Name BREMER, BRIAN
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050

Title VP
Name ROBINSON, ERIC
Address 4805 W PRIME PARKWAY
City-State-Zip: MCHENRY IL 60050