

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005464

Entity Name: CC-DEVELOPMENT GROUP, INC.**Current Principal Place of Business:**233 S. WACKER DR.
SUITE 8400
CHICAGO, IL 60606**Current Mailing Address:**233 S. WACKER DR.
SUITE 8400
CHICAGO, IL 60606 US**FEI Number:** 36-3572949**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 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 PRESIDENT, DIRECTOR
Name RICHARDSON, RANDAL J
Address 233 S. WACKER DR.
 SUITE 8400
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, EXEC CHAIRMAN
Name POORMAN, J. KEVIN
Address 233 S. WACKER DR.
 SUITE 8400
City-State-Zip: CHICAGO IL 60606

Title VP, TREAS, ASST SEC
Name SMITH, GARY A
Address 233 S. WACKER DR.
 SUITE 8400
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name LEWIS, LINN
Address 233 S. WACKER DR.
 SUITE 8400
City-State-Zip: CHICAGO IL 60606

Title SECRETARY
Name COPE, TARA
Address 233 S. WACKER DR.
 SUITE 8400
City-State-Zip: CHICAGO IL 60606

Title OFFICER
Name MASLOW, CARY
Address 233 S. WACKER DR.
 SUITE 8400
City-State-Zip: CHICAGO IL 60606

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: TARA COPE**SECRETARY****04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date