

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002213

**Entity Name:** IKEA PROPERTY, INC.

**Current Principal Place of Business:**

420 ALAN WOOD ROAD  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

420 ALAN WOOD ROAD  
CONSHOHOCKEN, PA 19428 US

**FEI Number:** 23-2270842

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN OF THE BOARD  
Name BONDESSON, MAGNUS  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR  
Name GILBERT, KEVIN  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title PRESIDENT  
Name GREENHOLZ, DOUGLAS  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title VP  
Name GILBERT, KEVIN  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title SECRETARY  
Name LEWIS, STEPHANI  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title TREASURER  
Name ROBINSON, JOHN  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR  
Name FOUTCH, MARK  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title VP  
Name FOUTCH, MARK  
Address 420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

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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:** JOHN ROBINSON

**TREASURER**

**03/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           QUINONES, JAVIER  
Address        420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428

Title           DIRECTOR  
Name           GREENHOLZ, DOUGLAS  
Address        420 ALAN WOOD ROAD  
City-State-Zip: CONSHOHOCKEN PA 19428