## 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0300002213

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

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	SECRETARY	Title	DIRECTOR
Name	LEWIS, STEPHANI	Name	GREENHOLZ, DOUGLAS
Address	420 ALAN WOOD ROAD	Address	420 ALAN WOOD ROAD
City-State-Zip:	CONSHOHOCKEN PA 19428	City-State-Zip:	CONSHOHOCKEN PA 19428
Title	PRESIDENT/CEO	Title	DIRECTOR
Name	GREENHOLZ, DOUGLAS	Name	QUINONES, JAVIER
Address	420 ALAN WOOD ROAD	Address	420 ALAN WOOD ROAD
City-State-Zip:	CONSHOHOCKEN PA 19428	City-State-Zip:	CONSHOHOCKEN PA 19428
Title	DIRECTOR	Title	CHAIRMAN OF THE BOARD
Title Name	DIRECTOR GILBERT, KEVIN	Title Name	CHAIRMAN OF THE BOARD OLSON, ROB
Name	GILBERT, KEVIN 420 ALAN WOOD ROAD	Name	OLSON, ROB
Name Address	GILBERT, KEVIN 420 ALAN WOOD ROAD	Name Address	OLSON, ROB 420 ALAN WOOD ROAD
Name Address City-State-Zip:	GILBERT, KEVIN 420 ALAN WOOD ROAD CONSHOHOCKEN PA 19428	Name Address City-State-Zip:	OLSON, ROB 420 ALAN WOOD ROAD CONSHOHOCKEN PA 19428
Name Address City-State-Zip: Title	GILBERT, KEVIN 420 ALAN WOOD ROAD CONSHOHOCKEN PA 19428 DIRECTOR	Name Address City-State-Zip: Title	OLSON, ROB 420 ALAN WOOD ROAD CONSHOHOCKEN PA 19428 TREASURER
Name Address City-State-Zip: Title Name	GILBERT, KEVIN 420 ALAN WOOD ROAD CONSHOHOCKEN PA 19428 DIRECTOR FOUTCH, MARK	Name Address City-State-Zip: Title Name	OLSON, ROB 420 ALAN WOOD ROAD CONSHOHOCKEN PA 19428 TREASURER ROBINSON, JOHN

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: ROBINSON, JOHN

TREASURER

02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 25, 2023 Secretary of State 0907568812CC

Date