

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002326

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC6937810732**

**Entity Name:** JOHN BEAN TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

70 W. MADISON ST., STE 4400  
CHICAGO, IL 60602

**Current Mailing Address:**

70 W. MADISON ST., STE 4400  
CHICAGO, IL 60602

**FEI Number:** 91-1650317

**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 AT  
Name FALLON, GERALYN  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title EVP, S  
Name MARVIN, JAMES  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title EVP  
Name MONTAGUE, MARK  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title EVP  
Name SMITH, STEVE  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title EVP  
Name DECK, BRIAN A.  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title EVP  
Name BURDAKIN, DAVID  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title DIRECTOR  
Name DEVINE, MAURY C  
Address 1219 35TH ST. NW  
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR  
Name DOHENY, EDWARD  
Address 100 E. WISCONSIN AVE.  
2790  
City-State-Zip: MILWAUKEE WI 53202

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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:** GERALYN FALLON

**ASSISTANT TREASURER** 01/05/2016

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FELDMAN, ALAN  
Address 1300 ARLINGTON HEIGHTS ROAD  
City-State-Zip: ITASCA IL 60523

Title DIRECTOR  
Name RINGLER, JAMES  
Address 2835 MIAMI VILLAGE DR  
City-State-Zip: MIAMISBURG OH 45342

Title TREASURER  
Name PACKARD, GREGORY  
Address 70 W. MADISON ST., STE 4400  
City-State-Zip: CHICAGO IL 60602

Title DIRECTOR  
Name GOODWIN, JAMES  
Address 1415 W. 22ND STREET  
1100  
City-State-Zip: OAK BROOK IL 60091

Title DIRECTOR, PRESIDENT, CEO  
Name GIACOMINI, THOMAS W.  
Address 70 W. MADISON ST., SUITE 4400  
City-State-Zip: CHICAGO IL 60602

Title DIRECTOR  
Name KAWALEK, POLLY  
Address 807 ASHLAND  
City-State-Zip: WILMETTE IL 60091