

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003710

Entity Name: SULLIVANCOTTER, INC.**Current Principal Place of Business:**200 WEST MADISON ST
SUITE 2450
CHICAGO, IL 60606**Current Mailing Address:**200 WEST MADISON ST
SUITE 2450
CHICAGO, IL 60606 US**FEI Number:** 38-2363607**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, CEO
Name CHIEN, THEODORE
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name ROHAN, JAMES E.
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name HASTINGS, KATHRYN
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name GARRISON, MARGARET
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name DUNN, BRIAN
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name KECKLEY, PAUL H.
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, TREASURER
Name OBERRENDER, ROBERT
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title SECRETARY
Name WILSON, RACHEL
Address 200 WEST MADISON ST
 SUITE 2450
City-State-Zip: CHICAGO IL 60606

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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: RACHEL WILSON**SECRETARY****01/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGUINNESS, DEBORAH
Address 200 WEST MADISON ST
SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name STEVENSON, TINA BROWN
Address 200 WEST MADISON ST
SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name BROWN-STEVENSON, TINA
Address 200 WEST MADISON ST
SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name GRANSTON, DR. TRACI
Address 200 WEST MADISON ST
SUITE 2450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name RYBERG, MARK
Address 200 WEST MADISON ST
SUITE 2450
City-State-Zip: CHICAGO IL 60606