

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000411

Entity Name: PENNANT MANAGEMENT, INC.**Current Principal Place of Business:**11270 W. PARK PLACE
SUITE 1025
MILWAUKEE, WI 53224**Current Mailing Address:**11270 W. PARK PLACE
SUITE 1025
MILWAUKEE, WI 53224**FEI Number:** 39-1812343**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE SERVICE COMPANY
1201 HAYS ST.
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 CEO
Name ELSTE, MARK
Address 801 WARRENVILLE RD, STE 500
City-State-Zip: LISLE IL 60532

Title VP
Name HARDING, SCOTT
Address 801 WARRENVILLE RD, STE 500
City-State-Zip: LISLE IL 60532

Title EVP
Name KAUN, JAY
Address 801 WARRENVILLE RD, STE 500
City-State-Zip: LISLE IL 60532

Title SVP
Name BEARD, GREG
Address 801 WARRENVILLE RD, STE 500
City-State-Zip: LISLE IL 60532

Title SVP
Name WEBER, CHRIS
Address 801 WARRENVILLE RD, STE 500
City-State-Zip: LISLE IL 60532

Title TECHNOLOGY SECURITY OFFICER
Name KROEGER, PAUL
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title SECRETARY
Name YURKANIN, WALTER
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title TREASURER
Name WEBER, TIM
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

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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: WALTER YURKANIN**SECRETARY****04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF COMPLIANCE OFFICER, SVP
Name CONGER, SCOTT
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title ASST. SECRETARY
Name JELINEK, LINDA
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title CLIENT SERVICES OFFICER
Name MULLINS, CONNIE
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name JOHNSON, TODD
Address 801 WARRENVILLE ROAD
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name HUIE, TOMMY
Address 801 WARRENVILLE ROAD
500
City-State-Zip: LISLE IL 60451

Title VP
Name DAN, O'CONNELL
Address 801 WARRENVILLE ROAD
500
City-State-Zip: LISLE IL 60532

Title SVP
Name HABANEK, JAMES
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title CHIEF RISK OFFICER
Name KRAUSE, MARY
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title INVESTMENT OFFICER
Name ZIEGLER, JUSTIN
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name WELGAT, MICHAEL
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title VP
Name CUMMISFORD, ROB
Address 801 WARRENVILLE ROAD
500
City-State-Zip: LISLE IL 60532

Title VP
Name TRIVELINE, DON
Address 801 WARRENVILLE ROAD
500
City-State-Zip: LISLE IL 60532