

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001089

**Entity Name:** TRACY LOCKE, INC.**Current Principal Place of Business:**225 N. MICHIGAN AVE  
20TH FLOOR  
CHICAGO, IL 60601**Current Mailing Address:**437 MADISON AVENUE  
NEW YORK, NY 10022**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, DIRECTOR, VP  
Name WALKER, JOHN  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title CEO  
Name LOVEGROVE, MICHAEL  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title ASST. SECRETARY  
Name JONES, KATHLEEN M.  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title CFO, COO  
Name CAMPBELL, STEWART  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title D  
Name ADAMS, DALE A.  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title D  
Name O'HALLORAN, MARTIN  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title D  
Name DARANYI, SOPHIE  
Address 225 N. MICHIGAN AVE  
20TH FLOOR  
City-State-Zip: CHICAGO IL 60601

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: KATHLEEN M. JONES****ASSISTANT SECRETARY 04/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date