

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004272

Entity Name: WITT/KIEFFER INC.**Current Principal Place of Business:**2015 SPRING ROAD
SUITE 510
OAK BROOK, IL 60523-3903**Current Mailing Address:**2015 SPRING ROAD
SUITE 510
OAK BROOK, IL 60523-3903 US**FEI Number:** 36-2919320**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 CEO, DIRECTOR
Name CHASTAIN, ANDREW
Address 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

Title TREASURER
Name QUINN, TOM
Address 35 CORPORATE DRIVE
SUITE 290
City-State-Zip: BURLINGTON MA 01803

Title DIRECTOR
Name GENSER, ELAINA
Address 1900 POWELL STREET
SUITE 840
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name MATHESON, DAVID
Address 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

Title SECRETARY, DIRECTOR
Name KING III, JAMES
Address 9028 WOODHILL DR
City-State-Zip: SAVAGE MN 55378

Title DIRECTOR
Name DELBECCARO, SALLY
Address 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

Title DIRECTOR
Name GRIER, ED
Address 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

Title DIRECTOR
Name POLHEMUS, RACHEL
Address 7250 WOODMONT AVENUE
SUITE 240
City-State-Zip: BETHESDA MD 20814

Continues on page 2

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: TOM QUINN

TREASURER

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name QUINN, TOM
Address 35 CORPORATE DRIVE
SUITE 290
City-State-Zip: BURLINGTON MA 01803

Title DIRECTOR
Name SMITH, ZACHARY
Address 2 PARK PLAZA
SUITE 1140
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name RICHARDS, LAWRENCE
Address 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

Title DIRECTOR
Name TOMLIN III, OLIVER
Address 7201 WISCONSIN AVE
SUITE 775
City-State-Zip: BETHESDA MD 20814