

**2021 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 DIRECTOR  
Name DELBECCARO, SALLY  
Address 2015 SPRING ROAD  
SUITE 510  
City-State-Zip: OAK BROOK IL 60523-3903

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

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

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

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

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

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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:** TOM QUINN**TREASURER****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title TREASURER  
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 SECRETARY  
Name POLHEMUS, RACHEL  
Address 2015 SPRING ROAD  
SUITE 510  
City-State-Zip: OAK BROOK IL 60523-3903

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

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

Title DIRECTOR  
Name PADILLA, DONNA  
Address 2015 SPRING ROAD  
SUITE 510  
City-State-Zip: OAK BROOK IL 60523