

2024 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 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 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

Title VC
Name GENSER, ELAINA
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 2015 SPRING ROAD
SUITE 510
City-State-Zip: OAK BROOK IL 60523-3903

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

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

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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 POLHEMUS**SECRETARY****04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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