

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002044

**Entity Name:** THOUVENOT, WADE & MOERCHEN, INC.

**Current Principal Place of Business:**

4940 OLD COLLINSVILLE ROAD  
SWANSEA, IL 62226

**Current Mailing Address:**

4940 OLD COLLINSVILLE ROAD  
SWANSEA, IL 62226

**FEI Number: 37-1042595**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
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           VP  
Name           DECONCINI, ROBERT S  
Address        4940 OLD COLLINSVILLE ROAD  
City-State-Zip: SWANSEA IL 62226

Title           PRESIDENT  
Name           THOUVENOT, ROLAND G  
Address        4940 OLD COLLINSVILLE ROAD  
City-State-Zip: SWANSEA IL 62226

Title           SECRETARY, VP  
Name           HOMANN, PAUL K  
Address        4940 OLD COLLINSVILLE ROAD  
City-State-Zip: SWANSEA IL 62226

Title           VP  
Name           BURK, RANDALL W  
Address        4940 OLD COLLINSVILLE ROAD  
City-State-Zip: SWANSEA IL 62226

*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: ROBERT S. DECONCINI**

**VICE PRESIDENT**

**01/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date