## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002044

Entity Name: THOUVENOT, WADE & MOERCHEN, INC.

**Current Principal Place of Business:** 

4940 OLD COLLINSVILLE RD SWANSEA, IL 62226

**Current Mailing Address:** 

4940 OLD COLLINSVILLE RD SWANSEA, IL 62226 US

FEI Number: 37-1042595 Certificate of Status Desired: No

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: MARK WILLIAMS 02/24/2020

Electronic Signature of Registered Agent

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR

Name DECONCINI, ROBERT S. Name HOMANN, PAUL K

Address 117 MARK TRAIL Address 8918 WENDELL CREEK DRIVE

City-State-Zip: GLEN CARBON IL 62034 City-State-Zip: ST. JACOB IL 62281

Title DIRECTOR Title DIRECTOR

NameTHOUVENOT, RONALD GNameHOERING, EDWARDAddress3218 WOLF MEADOWSAddress180 LAKE LORRAINE DRCity-State-Zip:SWANSEA IL 62226City-State-Zip:SWANSEA IL 62226

Title DIRECTOR Title PRESIDENT

Name RILEY, MICHAEL Name DECONCINI, ROBERT S.

Address 5 WINFIELD PLACE Address 117 MARK TRAIL

City-State-Zip: BELLEVILLE IL 62223 City-State-Zip: GLEN CARBON IL 62034

Title SECRETARY Title TREASURER

Name HOMANN, PAUL K Name DECONCINI, ROBERT S.

Address 8918 WENDELL CREEK DRIVE Address 117 MARK TRAIL

City-State-Zip: ST. JACOB IL 62281 City-State-Zip: GLEN CARBON IL 62034

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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: ROBERT S DECONCINI PRESIDENT 02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 24, 2020

**Secretary of State** 

1673222588CC

Date

## Officer/Director Detail Continued:

Title TREASURER

Name HOMANN, PAUL K

Address 8918 WENDELL CREEK DRIVE

City-State-Zip: ST. JACOB IL 62281