## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002155

Entity Name: WILLETT, HOFMANN & ASSOCIATES, INC.

**Current Principal Place of Business:** 

809 E 2ND STREET **DIXON. IL 61021** 

**Current Mailing Address:** 

809 E 2ND STREET DIXON. IL 61021 US

FEI Number: 36-2600957 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES INC 515 E PARK AVE2ND FL TALLAHASSEE, FL 32301 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

**FILED** Apr 30, 2023

**Secretary of State** 

5956103357CC

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

CONVERSE, BRIAN K Name Name HOUCK, THOMAS W 809 E 2ND STREET Address 809 E 2ND STREET Address City-State-Zip: DIXON IL 61021 City-State-Zip: **DIXON IL 61021** 

Title DIRECTOR Title DIRECTOR Name BUCK, COREY J SMITH, GEOFFREY E Name Address **57 AIRPORT DR** Address 809 E 2ND STREET

ROCKFORD IL 61109 City-State-Zip: City-State-Zip: **DIXON IL 61021** 

Title DIRECTOR **DIRECTOR** Title

Name LESLIE, MICHAEL R HANSEN, GEORGE M Name Address 1515 FIFTH AVE STE 102 809 E 2ND STREET Address

City-State-Zip: MOLINE IL 61265 City-State-Zip: **DIXON IL 61021** 

Title DIRECTOR

ROHDE, JEFFREY B Name 809 E 2ND STREET Address City-State-Zip: DIXON IL 61021

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: BRIAN K CONVERSE

PRESIDENT & GENERAL **MANAGER** 

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date