

**2022 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

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**9237747342CC**

**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 AVE 2ND 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONVERSE, BRIAN K  
Address        809 E 2ND STREET  
City-State-Zip: DIXON IL 61021

Title            SECRETARY  
Name            HOUCK, THOMAS W  
Address        809 E 2ND STREET  
City-State-Zip: DIXON IL 61021

Title            DIRECTOR  
Name            SMITH, GEOFFREY E  
Address        809 E 2ND STREET  
City-State-Zip: DIXON IL 61021

Title            DIRECTOR  
Name            BUCK, COREY J  
Address        57 AIRPORT DR  
City-State-Zip: ROCKFORD IL 61109

Title            DIRECTOR  
Name            HANSEN, GEORGE M  
Address        809 E 2ND STREET  
City-State-Zip: DIXON IL 61021

Title            DIRECTOR  
Name            LESLIE, MICHAEL R  
Address        1515 FIFTH AVE STE 102  
City-State-Zip: MOLINE IL 61265

Title            DIRECTOR  
Name            ROHDE, JEFFREY B  
Address        809 E 2ND STREET  
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    04/28/2022  
MANAGER**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date