2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000002450

Entity Name: CTS INDIANA CORPORATION

Current Principal Place of Business:

4925 INDIANA AVENUE LISLE, IL 60532

Current Mailing Address:

4925 INDIANA AVENUE LISLE, IL 60532 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC 801 US HWY 1 NORTH PALM BCH, FL 33408 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	: JON-MICHAEL SANCHEZ, SPECIAL SECF	RETARY		04/16/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEO, PRESIDENT AND CHAIRMAN OF THE BOARD / DIRECTOR	Title	SECRETARY, VICE PRESIDEN CHIEF LEGAL OFFICER	T AND
Name	O'SULLIVAN, KIERAN	Name	D'ANGELO, SCOTT	
Address	4925 INDIANA AVENUE	Address	4925 INDIANA AVENUE	
City-State-Zip:	LISLE IL 60532	City-State-Zip:	LISLE IL 60532	
Title	TREASURER	Title	VICE PRESIDENT AND CFO	
Name	GULBRANSON, JEFFREY	Name	AGRAWAL, ASHISH	
Address	905 N. WEST BLVD.	Address	4925 INDIANA AVENUE	
City-State-Zip:	N. ELKHART IN 46514	City-State-Zip:	LISLE IL 60532	
Title	ASSISTANT SECRETARY	Title	CONTROLLER	
Name	WARREN, ANDREW J.	Name	WHITE, THOMAS	
Address	4925 INDIANA AVENUE	Address	4925 INDIANA AVENUE	
City-State-Zip:	LISLE IL 60532	City-State-Zip:	LISLE IL 60532	
Title	DIRECTOR	Title	DIRECTOR	
Name	COSTELLO, DONNA M.	Name	JOHNSON, WILLIAM S.	
Address	4925 INDIANA AVENUE	Address	4925 INDIANA AVENUE	
City-State-Zip:	LISLE IL 60532	City-State-Zip:	LISLE IL 60532	

Continues on page 2

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: KIERAN O'SULLIVAN

DIRECTOR, BY JON-MICHAEL SANCHEZ, ATTORNEY-IN-FACT 04/16/2024

Electronic Signature of Signing Officer/Director Detail

FILED Apr 16, 2024 Secretary of State 1782311706CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ZULUETA, ALFONSO G.	Name	PROFUSEK, ROBERT A.
Address	4925 INDIANA AVENUE	Address	4925 INDIANA AVENUE
City-State-Zip:	LISLE IL 60532	City-State-Zip:	LISLE IL 60532
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR STONE, RANDY L.	Title Name	DIRECTOR DODRILL, AMY
Name	STONE, RANDY L.	Name	DODRILL, AMY