2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000764

Entity Name: GUILFORD COMPANY, INC.

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA

SUITE 400

CHICAGO, IL 60606

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA

SUITE 400

CHICAGO, IL 60606 US

FEI Number: 63-0776574 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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:

City-State-Zip:

Address

Address

Electronic Signature of Registered Agent

Date

FILED Apr 18, 2021

Secretary of State

3339460828CC

Officer/Director Detail:

Title VP Title VP

Name HAMMOND, CAROLINE E. Name FENSTER, SCOTT J.

Address TWO NORTH RIVERSIDE PLAZA Address TWO NORTH RIVERSIDE PLAZA

SUITE 400 SUITE 400

CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & ASSISTANT Title VP

SECRETARY

Name BAGINSKI, WENDY Name ALEXANDER, JAMES J.

Address TWO NORTH RIVERSIDE PLAZA

TWO NORTH RIVERSIDE PLAZA

SUITE 400

SUITE 400

City-State-Zip: CHICAGO IL 60606

Title VP Title INCORPORATOR

Name BRYANT, REBECCA J.

Name GARECHANA, ROBERT A.

Address TWO NORTH RIVERSIDE PLAZA

TWO NORTH RIVERSIDE PLAZA SUITE 400

SUITE 400

City-State-Zip: CHICAGO IL 60606

Title INCORPORATOR

Name MCKINLEY, LAVENIA M.

Name BAZZELL, ETHLEEN B.

Address TWO NORTH RIVERSIDE PLAZA

TWO NORTH RIVERSIDE PLAZA SUITE 400

City-State-Zip: CHICAGO IL 60606

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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: CHRISTOPHER A. MAHER SECRETARY 04/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

SECRETARY Title Title **DIRECTOR**

MAHER, CHRISTOPHER A. Name Name PARRELL, MARK J.

Address TWO NORTH RIVERSIDE PLAZA Address TWO NORTH RIVERSIDE PLAZA SUITE 400

SUITE 400

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title DIRECTOR Title DIRECTOR

Name FENSTER, SCOTT J. Name GARECHANA, ROBERT A.

Address TWO NORTH RIVERSIDE PLAZA Address TWO NORTH RIVERSIDE PLAZA

SUITE 400 SUITE 400

CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip: City-State-Zip:

Title VΡ Title **TREASURER**

MORENO, CLAUDIO Name Name MORENO, CLAUDIO

Address TWO NORTH RIVERSIDE PLAZA Address TWO NORTH RIVERSIDE PLAZA

SUITE 400 SUITE 400

CHICAGO IL 60606 City-State-Zip: City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & ASSISTANT SECRETARY Title **PRESIDENT**

Name THOMPSON, SAMANTHA Name PARRELL, MARK J.

Address TWO NORTH RIVERSIDE PLAZA Address TWO NORTH RIVERSIDE PLAZA

> SUITE 400 SUITE 400

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

VΡ Title VΡ Title

TRAGER, MARK A. HIGGINS, TIFFINY M. Name Name

TWO NORTH RIVERSIDE PLAZA Address TWO NORTH RIVERSIDE PLAZA Address

SUITE 400 SUITE 400

CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip: City-State-Zip: