

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15615

Entity Name: BRER SERVICES INC.

Current Principal Place of Business:

150 HARVESTER DRIVE
SUITE 201
BURR RIDGE, IL 60527

Current Mailing Address:

150 HARVESTER DRIVE
SUITE 201
BURR RIDGE, IL 60527 US

FEI Number: 22-2785461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 | DIRECTOR |
| Name | HOGAN, THOMAS |
| Address | 150 HARVESTER DRIVE SUITE 201 |
| City-State-Zip: | BURR RIDGE IL 60527 |
| Title | ASSISTANT VICE PRESIDENT |
| Name | FEDORKA, LISA |
| Address | 150 HARVESTER DRIVE SUITE 201 |
| City-State-Zip: | BURR RIDGE IL 60527 |

| | |
|-----------------|----------------------------------|
| Title | DIRECTOR |
| Name | WILLIAMS, KENT |
| Address | 39 WYNFORD DRIVE |
| City-State-Zip: | TORONTO M3C 3K5 |
| Title | DIRECTOR |
| Name | MORRIS, TRACI |
| Address | 150 HARVESTER DRIVE SUITE 201 |
| City-State-Zip: | BURR RIDGE IL 60527 |

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: LISA FEDORKA

AVP

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date