

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40110

**Entity Name:** CLARKE MOSQUITO CONTROL PRODUCTS, INC.

**Current Principal Place of Business:**

675 SIDWELL COURT  
SAINT CHARLES, IL 60174

**Current Mailing Address:**

675 SIDWELL COURT  
SAINT CHARLES, IL 60174 US

**FEI Number: 36-3672438**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           CLARKE, JOHN L III  
Address        159 GARDEN AVENUE  
City-State-Zip: ROSELLE IL

Title           VP  
Name           REITER, JULIE  
Address        159 N GARDEN AVE  
City-State-Zip: ROSELLE IL 60172

Title           V  
Name           MARGO, KEVIN  
Address        159 N GARDEN AVE  
City-State-Zip: ROSELLE IL 60172

Title           AS  
Name           KANOUSE, FRANCES  
Address        159 N GARDEN AVE  
City-State-Zip: ROSELLE IL 60172

Title           V  
Name           FRUENDT, JOEL  
Address        159 N GARDEN AVE  
City-State-Zip: ROSELLE IL 60172

*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: JOHN L CLARKE III**

**PTD**

**01/02/2020**

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

\_\_\_\_\_  
Date