## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001909

Entity Name: 95 PERCENT GROUP INC.

**Current Principal Place of Business:** 

475 HALF DAY ROAD

SUITE 350

LINCOLNSHIRE, IL 60069

**Current Mailing Address:** 

475 HALF DAY ROAD

SUITE 350

LINCOLNSHIRE, IL 60069 US

FEI Number: 36-4305515 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: MAX BODE 01/11/2021

Electronic Signature of Registered Agent

Date

**FILED** Jan 11, 2021

**Secretary of State** 

6370087035CC

Officer/Director Detail:

Name

CEO AND DIRECTOR Title Title VICE PRESIDENT, SECRETARY,

TREASURER, DIRECTOR

Name HALL, C. DAVID Address 475 HALF DAY ROAD

Address 475 HALF DAY ROAD SUITE 350

SUITE 350 LINCOLNSHIRE IL 60069

City-State-Zip: LINCOLNSHIRE IL 60069 City-State-Zip:

Title **PRESIDENT** LINDAAS, BRAD Name

475 HALF DAY ROAD Address

SUITE 350

HALL. SUSAN L

City-State-Zip: LINCOLNSHIRE IL 60069

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.

Electronic Signature of Signing Officer/Director Detail