

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005943

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC345427227**

**Entity Name:** GRIPPLE INCORPORATED

**Current Principal Place of Business:**

1611 EMILY LN  
AURORA, IL 60502

**Current Mailing Address:**

1611 EMILY LN  
AURORA, IL 60502

**FEI Number: 36-3684806**

**Certificate of Status Desired: Yes**

**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 P  
Name FACEY, HUGH D  
Address CLIFFORD HOUSE, ECCLESALL RD  
SOUTH  
City-State-Zip: WHIRLOW, SHEFFIELD ENGLAND  
S11-9PX

Title T  
Name HALL, ROGER  
Address 408 DOURADES, APARTADO 3164  
City-State-Zip: ALGGARVE PORTUGAL

Title S  
Name SHAD, DAWN  
Address 314 DEERFIELD WAY  
City-State-Zip: GENEVA IL 60134  
  
Title CEO  
Name CATON, TIMOTHY  
Address 39W302 WARNER LANE  
City-State-Zip: GENEVA IL 60134

*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: DAWN SHAD**

**SECRETARY**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date