

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004651

**Entity Name:** GRAYCOR SOUTHERN INC.

**Current Principal Place of Business:**

2100 BARRETT PARK DRIVE,  
SUITE 501  
KENNESAW, GA 30133

**Current Mailing Address:**

2 MID AMERICA PLAZA  
SUITE 400  
OAKBROOK TERRACE, IL 60181 US

**FEI Number: 77-0722216**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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           DIRECTOR  
Name           WALSH, BRETT  
Address        2 MID AMERICA PLAZA  
                  SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title           DIRECTOR  
Name           POTTER, SAMUEL  
Address        2 MID AMERICA PLAZA  
                  SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title           VP  
Name           BUCHANAN, SHAWN  
Address        2100 BARRETT PARK DR,  
                  SUITE 501  
City-State-Zip: KENNESAW GA 30133

Title           SECRETARY  
Name           WELCOME, CHERYL  
Address        2 MID AMERICA PLAZA  
                  SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title           DIRECTOR  
Name           WING, DAVID L  
Address        2 MID AMERICA PLAZA  
                  SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title           TREASURER, ASST. SECRETARY  
Name           WOOD, WILLIAM  
Address        2 MID AMERICA PLAZA  
                  SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

*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: WILLIAM WOOD**

**TREASURER**

**04/01/2022**

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

\_\_\_\_\_  
Date