

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214507207

1.) CORPORATION NAME:

**OWP/P Cannon Design, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1815424**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 N. MICHIGAN AVENUE  
SUITE 1100

CITY/ST/ZIP: CHICAGO, IL 60601

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN SYVERTSEN				
TITLE:	PRESIDENT				
ADDRESS:	225 N. MICHIGAN AVENUE SUITE 1100 CHICAGO, IL 60601				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MILLARD H BERRY, III				
TITLE:	VICE PRESIDENT				
ADDRESS:	2170 WHITEHAVEN ROAD GRAND ISLAND, NY 14072				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	W KENNETH WISEMAN				
TITLE:	VICE PRESIDENT				
ADDRESS:	3030 CLARENDON BOULEVARD SUITE 500 ARLINGTON, VA 22201				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	GREGORY SURUFKA				
TITLE:	VICE PRESIDENT				
ADDRESS:	225 N. MICHIGAN AVENUE SUITE 1100 CHICAGO, IL 60601				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MICHAEL KENT TURNER				
TITLE:	VICE PRESIDENT				
ADDRESS:	1100 CLARK AVENUE ST. LOUIS, MO 63102				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID M. CARLINO				
TITLE:	TREASURER				
ADDRESS:	2170 WHITEHAVEN ROAD GRAND ISLAND, NY 14072				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY R MILLER CEO 2170 WHITEHAVEN ROAD GRAND ISLAND, NY 14072	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M. APPLER, III SECRETARY 2170 WHITEHAVEN ROAD GRAND ISLAND, NY 14072	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES M. APPLER, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES M. APPLER, III, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/4/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			