

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214558351

1.) CORPORATION NAME:

GROWMARK, Inc.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1839028**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500
PREFER	5,470,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1701 TOWANDA AVENUE

CITY/ST/ZIP: BLOOMINGTON, IL 61701

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.

NAME: JOHN G REIFSTECK OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 1007 COUNTY ROAD 900E
 CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822

NAME: BRENT D BOSTROM OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 4 SCOFIELD COURT
 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704

NAME: B. STEVEN BUCKALEW OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 104 WATSON ROAD
 CITY/ST/ZIP/CO: CENTERVILLE, MD 21617

NAME: KEVIN CARROLL OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 3108 WISTERIA LANE
 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704

NAME: BRENT ERICSON OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 2204 TORI ANN LANE
 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704

NAME: MARSHALL P BOHRBRINK OFFICER DIRECTOR
 TITLE: CFO
 ADDRESS: 3107 SABLE OAKS RD
 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY FORTNEY CONTROLLER 117 CHELTENHAM DR NORMAL, IL 61761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA HEISSLER ASST SECRETARY 1117 S FELL AVE NORMAL, IL 61761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY M SOLBERG CEO 1806 CRIMSON LANE BLOOMINGTON, IL 61704	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD NELSON VICE CHAIRMAN 1642 EAST 500 NORTH RD PAXTON, IL 60957	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM ANDERSON DIRECTOR 21229 GRANT BRICK ROAD THOMPSONVILLE, IL 62890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENIS F BOURDEAU DIRECTOR 1566 RANG STE MARIE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHET ESTHER, JR DIRECTOR R.R. #1, BOX 91 FREDERICK, IL 62639	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM FYSH DIRECTOR 22724 STAGE RD , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT HEITZ DIRECTOR 24775 OLD HIGHWAY RD FARLEY, IA 52046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN HERINK DIRECTOR 2297 HWY E-29 CLUTIER, IA 52217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MALCHINE DIRECTOR 27402 MALCHINE ROAD WATERFORD, WI 53185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JACK MCCORMICK TITLE: DIRECTOR ADDRESS: 101 BRIAN ST CITY/ST/ZIP/CO: ELLIS GROVE, IL 62241	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS NEUHAUS TITLE: DIRECTOR ADDRESS: 14038 BIRCH ROAD CITY/ST/ZIP/CO: HOYLETON, IL 62803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT L PHELPS TITLE: DIRECTOR ADDRESS: 13781 EUNICE LANE CITY/ST/ZIP/CO: ROCKTON, IL 61702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALLEN TANNER TITLE: DIRECTOR ADDRESS: 1057 140TH ST CITY/ST/ZIP/CO: CRESTON, IA 50801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID UHLMAN TITLE: DIRECTOR ADDRESS: 119 WINGATE DRIVE CITY/ST/ZIP/CO: TREMONT, IL 61568	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W DAVID WATT TITLE: DIRECTOR ADDRESS: 1672 SELLARS ROAD CITY/ST/ZIP/CO: MURRAYVILLE, IL 62668	<input type="checkbox"/> OFFICER	<input checked="" 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/ MARY FORTNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY FORTNEY, CONTROLLER PRINTED NAME AND CORPORATE TITLE	6/2/2015 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.		