COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

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"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or *"Legal Entity"* means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [✓] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [✓] Original Statement or [ ] Amended Statement

Identifying Information:

Name HCL America Inc.

D/B/A: _____ FEIN # Only: 77-0205035

Street Address: 2600 Great America Way, Suite 401

City: Santa Clara State: California Zip Code: 95054

Phone No.: 408 733 0480 Fax Number: _____ Email: mark.gracias@hcltech.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [✓] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
HCL Bermuda LImited	Canon's Court, 22 Victoria Street, Hamilton HM 12, Bermuda	81%
Axon Group Limited	Axon Centre, Church Road, Egham, Surrey TW20 9QB	19%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☑] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Mr. C Vijayakumar	2600 Great America Way, Suite 401 Santa Clara CA 95054	Director & President	5+
Mr. Prateek Aggarwal	2600 Great America Way, Suite 401 Santa Clara CA 95054	Director	5+
Mr. Manish Anand	2600 Great America Way, Suite 401 Santa Clara CA 95054	Company Secretary	5+

Declaration (check the applicable box):

☑ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

From: Mark Gracias <mark.gracias@hcltech.com>
Sent: Wednesday, June 5, 2024 11:31 AM

HCL America Inc. is wholly owned subsidiary of HCL Technologies " HCLTech".
The equity shares of HCLTech are listed and traded on The National Stock Exchange of India Ltd. ('NSE') and BSE Limited ('BSE').
Further, the Stock Exchange Scrip Codes are mentioned below:
NSE - HCLTECH
BSE - 532281

Mark P Gracias
Sr. Director – Aerospace, Defense & Government
Mobile: +1 408 242 5526

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Rahul Srivastava
Name of Authorized Applicant/Holder Representative (please print or type)

Authorized Signatory
Title

Signature

June 03 2024
Date

Rahul.Srivastava@hcltech.com
E-mail address

+1 669-266-8681
Phone Number

Subscribed to and sworn before me
this _____ day of _____, 20__.

My commission expires:

X See Attached
Notary Public Signature

Notary Seal

CONTRACT #: 2312-11281

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the [✔] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [✔] Original Statement or [ ] Amended Statement

Identifying Information:

Name Alexis Newman-Brandes

D/B/A: Partners and Paws Veterinary Services FEIN # Only: 46-2513912

Street Address: 560 Ogden Avenue, Suite C

City: Lisle State: IL Zip Code: 60532

Phone No.: 630-301-2320 Fax Number: 630-964-8600 Email: info@partnersandpaws.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture [✔] LLC

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder	Email Address
Alexis Newman-Brandes	[redacted]	51%	info@partnersandpaws.com
Timothy Brandes		49%	"

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ] Yes [✔] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Alexis Newman-Brandes	[redacted]	Veterinarian,owner	
Timothy Brandes		Veterinarian, owner	

Declaration (check the applicable box):

[✔] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

[ ] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Alexis Newman Brandes
Name of Authorized Applicant/Holder Representative (please print or type)

Owner
Title

Alexis Newman B
Signature

05/28/2024
Date

abk info@partnersandpaws.com
E-mail address

630-301-2320
Phone Number

Subscribed to and sworn before me
this 28th day of May, 2024

My commission expires: July 21st, 2025

MELANIE J MIKULSKIS
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 21, 2025

x Melanie J Mikulskis
Notary Public Signature

Notary Seal

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [✔] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [✔] Original Statement or [ ] Amended Statement

Identifying Information:

Name Timothy Brandes

D/B/A: Partners and Paws Veterinary Services FEIN # Only: 46-2513912

Street Address: 560 Ogden Avenue, Suite C

City: Lisle State: IL Zip Code: 60532

Phone No.: 630-301-2320 Fax Number: 630-964-8600 Email: info@partnersandpaws.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture [✔] LLC

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder	Email Address
Alexis Newman-Brandes	[redacted]	51%	info@partnersandpaws.com
Timothy Brandes		49%	"

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ] Yes [✔] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Alexis Newman-Brandes	[redacted]	Veterinarian,owner	
Timothy Brandes		Veterinarian, owner	

Declaration (check the applicable box):

☑ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #: 2312-11281

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Timothy Brander
Name of Authorized Applicant/Holder Representative (please print or type)

Owner
Title

Signature

5/28/24
Date

info@partnersandpaws.com
E-mail address

630-301-2320
Phone Number

Subscribed to and sworn before me
this 28th day of May, 2024

My commission expires: July 21st, 2025

MELANIE J MIKULSKIS
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 21, 2025

X Melanie J Mikulskis
Notary Public Signature

Notary Seal

CONTRACT #: 2402-12215

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the [✔] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [✔] Original Statement or [ ] Amended Statement

Identifying Information:

Name The Stone Group

D/B/A: The Stone Group FEIN # Only: 37-1840206

Street Address: 228 N Washtenaw

City: Chicago State: IL Zip Code: 60612

Phone No.: 773.638.2758 Fax Number: N/A Email: dan@thestone.group

Cook County Business Registration Number: n/a
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): n/a

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☑ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture ☐ LLC

☐ Other (describe) _____

CONTRACT #: 2402-12215

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder	Email Address
Kevin Kenzinger	[redacted]	100%	kevin@thestone.group

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ] Yes [✔] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Kevin Kenzinger	[redacted]	President	1-YEAR
Kevin Kenzinger		Vice-President	1-YEAR
Dan Christensen		Secretary	1-YEAR

Declaration (check the applicable box):

☑ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #: 2402-12215

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Kevin Kenzinger
Name of Authorized Applicant/Holder Representative (please print or type)

President
Title

Signature

4-17-2024
Date

kevin@thestone.group
E-mail address

773.638.2758
Phone Number

Subscribed to and sworn before me
this 16th day of April, 2024

My commission expires: 8/26/24

OFFICIAL SEAL
Kathleen M. Kerrigan
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires August 26, 2024

x Kathleen M. Kerrigan
Notary Public Signature

Notary Seal

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: [✓] Original Statement or [ ] Amended Statement

Identifying Information:

Name Realauction.com LLC

D/B/A: _____ FEIN # Only: 20-1751433

Street Address: 861 SW 78 Ave #102

City: Plantation State: Fl Zip Code: 33324

Phone No.: (954) 734-7400 X206 Fax Number: (954) 424-7601 Email: LMcclendon@realauction.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [✓] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Lloyd McClendon	[redacted]	15
March Thomashaw	[redacted]	15
AKAZ Family Trust (Theodore (Ted) Klein)	[redacted]	70

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ] Yes [✓] No

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Lloyd McClendon	[redacted]		
March Thomashaw	[redacted]		

Declaration (check the applicable box):

[✓] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Lloyd McClendon
Name of Authorized Applicant/Holder Representative (please print or type)

C.E.O.
Title

Signature

04/24/2024
Date

Lmcclendon@realauction.com
E-mail address

(954) 734-7400 x206
Phone Number

Subscribed to and sworn before me
this 24 day of April, 2024.

My commission expires:

X Steven Fernandez
Notary Public Signature

Notary Seal

STEVEN FERNANDEZ
MY COMMISSION # HH125136
EXPIRES: May 03, 2025

CONTRACT #: 2410-01091

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This Statement is an: [ ] Original Statement or [ ] Amended Statement

Identifying Information:

Name Akaz Family Trust

D/B/A: _____ FEIN # Only: 83-6834343

Street Address: 8030 Peters Road, Suite D-104

City: Plantation State: FL Zip Code: 33324

Phone No.: 954-370-2533 Fax Number: 354-370-2566 Email: Ted@tedlaws.com

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): n/a

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[✓] Other (describe) Irrevocable Trust

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Ana Karina Adum Ziade	[redacted]	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office

Declaration (check the applicable box):

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☑ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Ted Klein
Name of Authorized Applicant/Holder Representative (please print or type)

Trustee
Title

Signature

07/09/2024
Date

Ted@Tedlaws.com
E-mail address

954-370-2533
Phone Number

Subscribed to and sworn before me
this 09 day of July, 2024

My commission expires:

STEVEN FERNANDEZ
MY COMMISSION # HH125136
EXPIRES: May 03, 2025

X Steven Fernandez
Notary Public Signature

Notary Seal

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

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"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or *"Legal Entity"* means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [✓] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [✓] Original Statement or [ ] Amended Statement

Identifying Information:

Name Acura Inc.

D/B/A: _____ FEIN # Only: 36-3916301

Street Address: 556 County Line Road, Suite B.

City: Bensenville State: IL. Zip Code: 60106

Phone No.: 630-766-9979 Fax Number: 630-766-6826 Email: nico@acurainc.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 6019-612-5

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [✓] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Domenico DiGioia		
	556 County Line Road, Suite B., Bensenville, IL. 60106	
		100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
None		

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☑] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Domenico DiGioia -556 County Line Road, Suite B., Bensenville, IL. 60106 - President - Indefinate			

Declaration (check the applicable box):

☐ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☑ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Domenico DiGioia
Name of Authorized Applicant/Holder Representative (please print or type)

President
Title

Signature

5/15/2024
Date

nico@acurainc.com
E-mail address

630-766-9979
Phone Number

Subscribed to and sworn before me
this 15 day of May, 2024.

My commission expires: 3/21/2028

X
Notary Public Signature

Notary Seal

OFFICIAL SEAL
NINA M DIGIOIA
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 988512
MY COMMISSION EXPIRES MARCH 21, 2028

CONTRACT #: 2445-02071

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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"Person" "Entity" or *"Legal Entity"* means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [☑] Applicant or [☐] Stock/Beneficial Interest Holder

This Statement is an: [☑] Original Statement or [☐] Amended Statement

Identifying Information:

Name Micah Trexler

D/B/A: _____ FEIN # Only: 93-3524366

Street Address: 407 Petereson AVE N

City: Douglas State: GA Zip Code: 31533

Phone No.: 772-577-1816 Fax Number: _____ Email: micah.legacybrothers@gmail.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☑ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture ☐ LLC

☐ Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder	Email Address
Micah Trexler	407 Peterson AVE N Douglas GA 31533	100	micah.legacybrothers@gmail.com

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
None		

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☑] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Jarius Trexler	407 Peterson AVE N Douglas GA 31533	Vice Presidnet	Indefinite
Ray Loftis	407 Peterson AVE N Douglas GA 31533	Secretary	Indefinite
Shane Dilling	407 Peterson AVE N Douglas GA 31533	Treasurier	Indefinite

Declaration (check the applicable box):

☑ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Micah Trexler
Name of Authorized Applicant/Holder Representative (please print or type)

Owner / President
Title

Signature

04/20/2024
Date

micah.legacybrothers@gmail.com
E-mail address

772-577-1816
Phone Number

Subscribed to and sworn before me
this 20th day of May, 2024

My commission expires: Dec 4, 2027

X
Notary Public Signature

Notary Seal

BEATRIS ZAMARRIPA
Notary Public, State of Florida
Commission# HH 469878
My comm. expires Dec. 4, 2027

CONTRACT #: 2402-12214R

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration.**

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [ ] Applicant or [✓] Stock/Beneficial Interest Holder

This Statement is an: [ ] Original Statement or [ ] Amended Statement

Identifying Information:

Name Craftmaster Hardware LLC

D/B/A: _____ FEIN # Only: 47-3774321

Street Address: 190 Veterns Drive

City: Northvale State: NJ Zip Code: 07647

Phone No.: 201-768-3041 Fax Number: 800-501-7750 Email: Pat@craftmasterHardware.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [✓] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Kendell Doors & Hardware, LLC	1312 Northland Dr Suite 100 Mendota Heights, MN 55120	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☒] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Kurt Meyer	1312 Northland Dr Suite 100 Mendota Heights, MN 55120	EVP & CFO	ongoing

Declaration (check the applicable box):

☐ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☑ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Kurt Meyer
Name of Authorized Applicant/Holder Representative (please print or type)

EVP & CFO
Title

Kurt Meyer
Signature

7/8/24
Date

K.Meyer@KendellDrs.Com
E-mail address

651-529-8601
Phone Number

Subscribed to and sworn before me
this 8th day of July, 2024

My commission expires: 1-31-27

X _____
Notary Public Signature

Notary Seal

THERESA MARIE LUKES
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2027

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the [ ] Applicant or [✓] Stock/Beneficial Interest Holder

This Statement is an: [ ] Original Statement or [ ] Amended Statement

Identifying Information:

Name Kendell Doors & Hardware LLC

D/B/A: _____ FEIN # Only: 41-1405858

Street Address: 1312 Northland Drive Suite 100

City: mendota Heights State: MN Zip Code: 55120

Phone No.: 201-768-3047 Fax Number: 800-501-7750 Email: Pete craftmasterHardware.Com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [✓] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

CONTRACT #: 2402-12214R

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Kendell Intermediate Corporation	1312 Northland Dr Suite 100 Mendota Heights, MN 55120	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☑] No

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Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Kurt Meyer	1312 Northland Dr Suite 100 Mendota Heights, MN 55120	EVP & CFO	Ongoing

Declaration (check the applicable box):

☐ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☑ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #: 2402-12214R

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Kurt Meyer
Name of Authorized Applicant/Holder Representative (please print or type)

EVP & CFO
Title

Kurt Meyer
Signature

7/8/24
Date

K.meyer@KendellDrs.com
E-mail address

651-529-8601
Phone Number

Subscribed to and sworn before me
this 8th day of July, 2024

My commission expires: 1-31-27

X
Notary Public Signature

THERESA MARIE LUKES
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2027

Notary Seal

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [X] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [ ] Amended Statement

Identifying Information:

Name Flock Group Inc

D/B/A: _____ FEIN # Only: 820594875

Street Address: 1170 Howell Mill Road NW, Suite 210

City: Atlanta State: Georgia Zip Code: 94044

Phone No.: 1-866-901-1781 Fax Number: _____ Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [X] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
SEE ATTACHED		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ] Yes [X] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Garrett Langley	1170 Howell Mill Rd NW, Ste 210, Atlanta, GA 30318	CEO	N/A
James Lacamp	1170 Howell Mill Rd NW, Ste 210, Atlanta, GA 30318	CFO	N/A
Mark Smith	1170 Howell Mill Rd NW, Ste 210, Atlanta, GA 30318	General Counsel & Secretary	N/A

Declaration (check the applicable box):

[X] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

[ ] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #:

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Mark Smith
Name of Authorized Applicant/Holder Representative (please print or type)

General Counsel and Secretary
Title

Signature

28 MAY 2024
Date

mark.smith@flocksafety.com
E-mail address

415.385.9580
Phone Number

Subscribed to and sworn before me this _____ day of _____, 20__.

PLEASE SEE ATTACHMENT FOR NOTARIZATION & SEAL

My commission expires:

X_____
Notary Public Signature

Notary Seal

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF SAN MATEO }

Subscribed and sworn to (or ~~affirmed~~) before me on this 28th day of May, 2024

by Mark Antonio Smith

proved to me on the basis of satisfactory evidence to be the person~~(s)~~ who appeared before me.

JOSEPHINE SUEN
COMM. 2360424 MFR. FRS01
NOTARY PUBLIC
THE GREAT SEAL OF THE STATE OF CALIFORNIA
CALIFORNIA
SAN MATEO COUNTY
MY COMM. EXPIRES JUNE 18, 2025

Signature _____

OPTIONAL

Description of Attached Document

Title or Type of Document: Cook County Disclosure of Ownership Interest Statement

Number of Pages: 4

Document Date: _____

Other: _____

Other: _____