

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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"Applicant" means any Entity or person making an application to the County for any County Action.

"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 ICOR Technology, Inc.

D/B/A: _____ FEIN # Only: 98-0610727

Street Address: 935 Ages Drive

City: Ottawa State: ON Zip Code: K1G 6L3

Phone No.: 613-745-3600 Fax Number: _____ Email: sales@icortechnology.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	Email Address
None			

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
Cadre Holdings, Inc.	13386 International Parkway, Jacksonville, FL 32218	100%	Owner

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
Brad Williams	13386 International Pkwy, Jacksonville, FL 32218	President	Perpetual
Blaine Browers	13386 International Pkwy, Jacksonville, FL 32218	CFO	Perpetual
Warren Kanders	13386 International Pkwy, Jacksonville, FL 32218	CEO	Perpetual

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

ICOR Technology, Inc.

President

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

Title

Signature

March 31, 2025

Date

sales@icortechnology.com

613.745.3600

Phone Number

E-mail address

Subscribed to and sworn before me
this 31 day of March, 2025.

My commission expires:

X

[Handwritten Signature]

Notary Public Signature

Nov 9/27

Notary Seal

Marc Andre Gauthier
Notary Public, Province of Ontario
Limited to the attestation of instruments and
the taking of affidavits, for work for Med-Eng
Holdings ULC and its associated companies.
Expires November 9, 2027



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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 Dunnet Bay Construction Company

D/B/A: _____ FEIN # Only: 36-3253376

Street Address: 115 N. Brandon Dr.

City: Glendale Heights State: IL Zip Code: 60139

Phone No.: 630-539-1200 Fax Number: N/A Email: m.paine@dunnetbay.net

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) _____

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
Tod W. Faerber	115 N. Brandon Dr. Glendale Heights, IL 60139	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
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
Tod W. Faerber	115 N. Brandon Dr. Glendale Heights, IL 60139	President	Permanent
Michael Paine	115 N. Brandon Dr. Glendale Heights, IL 60139	Vice President	Permanent


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 #:

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Michael Paine
 Name of Authorized Applicant/Holder Representative (please print or type)


 Signature

m.paine@dunnetbay.net
 E-mail address

Vice President
 Title

05/07/2025
 Date

630-539-1200
 Phone Number

Subscribed to and sworn before me
 this 7th day of May, 2025.

My commission expires: 06-19-2025

X 
 Notary Public Signature Katherine Kafantzis



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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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 iTouch Biometrics, LLC
D/B/A: N/A FEIN # Only: 26-4408849
Street Address: 200 W. Monroe Street, Suite 2150A
City: Chicago State: IL Zip Code: 60606
Phone No.: 847-706-6789 Fax Number: 630-912-2111 Email: gbomhofen@itouchbiometrics.com

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
Gerald Bornhofen -	[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
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.

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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
N/A			

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Gerald W. Bornhofen

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

Signature

Gbornhofen@itouchbiometrics.com

E-mail address

Owner - CEO

Title

7/22/24

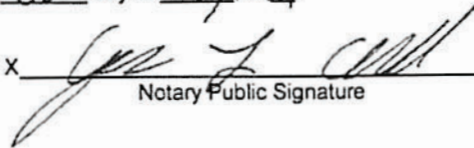
Date

847-404-9899

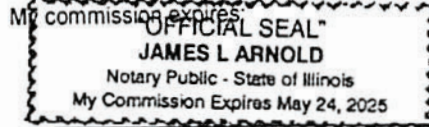
Phone Number

Subscribed to and sworn before me
this 22 day of July, 2024

X



Notary Public Signature



Notary Seal

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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 Path Construction Company, Inc

D/B/A: _____ FEIN # Only: 37-1572701

Street Address: 125 E. Algonquin Rd

City: Arlington Heights State: IL Zip Code: 60005

Phone No.: 847-398-7100 Fax Number: 847-398-7101 Email: kravuse@pathec.com

Cook County Business Registration Number: 043721 / 043774
(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
Richard Krause	[REDACTED]	100%	rkrause@pather.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
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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

Richard Krause
Name of Authorized Applicant/Holder Representative (please print or type)

President
Title

[Signature]
Signature

04/28/2025
Date

r.krause@pathcc.com
E-mail address

847-398-7100
Phone Number

Subscribed to and sworn before me
this 28 day of April, 2025

My commission expires:

X Rebecca Fisher
Notary Public Signature



Notary Seal

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Cannon Cochran Management Services, Inc.

D/B/A: CCMSI FEIN # Only: 37-1057804

Street Address: 550 West Van Buren Street Suite 1200

City: Chicago State: IL Zip Code: 60607-1609

Phone No.: 866-276-9119 312-455-1612 Fax Number: 312-455-1659 Email: jkluth@ccmsi.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) _____

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
G. Bryan Thomas	2 East Main Street Danville, IL 61832	CEO/President	NA
John Kluth	2 East Main Street Danville, IL 61832	CFO	NA

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

John E. Kluth II

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

[Handwritten Signature]

Signature

jkluth@ccmsi.com

E-mail address

Chief Financial Officer

Title

04/10/2025

Date

217-446-1089

Phone Number

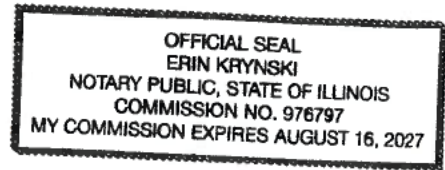
Subscribed to and sworn before me
this 10 day of Apr, 2025

My commission expires: August 16, 2027

x *[Handwritten Signature]*

Notary Public Signature

Notary Seal



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Street Address: 550 West Van Buren Street Suite 1200

City: Chicago State: IL Zip Code: 60607-1609

Phone No.: 866-276-9119 312-455-1612 Fax Number: 312-455-1659 Email: jkluth@ccmsi.com

Cook County Business Registration Number: _____
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
G. Bryan Thomas	2 East Main Street Danville, IL 61832	CEO/President	NA
John Kluth	2 East Main Street Danville, IL 61832	CFO	NA
RODNEY J. GOLDEN	2 EAST MAIN STREET DANVILLE IL 61832	COO	NA

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

John E. Kluth II

Chief Financial Officer

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

John E. Kluth II

Signature

jkloth@ccmsi.com

E-mail address

5/9/2025

Date

217-446-1089

Phone Number

Subscribed to and sworn before me

this 9 day of May, 20 25

My commission expires: August 16, 2027

x *Erin Krynski*
Notary Public Signature

Notary Seal

OFFICIAL SEAL
ERIN KRYNSKI
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 976797
MY COMMISSION EXPIRES AUGUST 16, 2027