

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.

"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 Industrial/Organizational Solutions, Inc.

D/B/A: IOS; I/O Solutions, Inc.

FEIN # Only: 36-3783421

Street Address: 1520 Kensington Road, Suite 110

City: Oak Brook

State: IL

Zip Code: 60523

Phone No.: 888.784.1290

Fax Number: 708.410.1558

Email: chad@iosolutions.com

Cook County Business Registration Number: _____

(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 56332413

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
Chad C. Legel -	-	40%
Brian J. O'Sullivan -	-	30%
Mark W. Tawney -	-	30%

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
Chad C. Legel -	-	- President & CEO -	2025
Brian J. O'Sullivan -	-	- Vice President of Consulting Services -	2025
Mary W. Tawney -	-	- Vice President of Testing Services -	2025

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

Chad C. Legel

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

Signature

chad@iosolutions.com

E-mail address

President & CEO

Title

5.19.2025

Date

888.784.1290

Phone Number

Subscribed to and sworn before me
this 19th day of May, 2025.

My commission expires: 10.26.2027

X

Meghan K. Radziewicz

Notary Public Signature

Notary



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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 Chad C. Legel

D/B/A: N/A FEIN # Only: N/A

Street Address: [REDACTED]

City: Glen Ellyn State: IL Zip Code: 60137

Phone No.: 888.784.1290 Fax Number: 708.410.1558 Email: chad@iosolutions.com

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

Corporate File Number (if applicable): 56332413

Form of Legal Entity:

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

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe) _____

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N/A		

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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
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Chad C. Legel -		- President & CEO	- 2025
Brian J. O'Sullivan -		- Vice President of Consulting Services	- 2025
Mary W. Tawney -		- Vice President of Testing Services	- 2025

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Chad C. Legel

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

Signature

chad@iosolutions.com

E-mail address

President & CEO

Title

5.19.2025

Date

888.784.1290

Phone Number

Subscribed to and sworn before me
this 19th day of May, 2025.

My commission expires: 10.26.2027

x Meghan K. Radziewicz
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 Brian J. O'Sullivan

D/B/A: N/A FEIN # Only: N/A

Street Address: [REDACTED]

City: Naperville State: IL Zip Code: 60565

Phone No.: 888.784.1290 Fax Number: 708.410.1558 Email: brian@iosolutions.com

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

Corporate File Number (if applicable): 56332413

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 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
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Mary W. Tawney -		- Vice President of Testing Services -	2025

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Brian J. O'Sullivan

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

Brian J. O'Sullivan

Signature

brian@iosolutions.com

E-mail address

Vice President of Consulting Services

Title

5.19.2025

Date

888.784.1290

Phone Number

Subscribed to and sworn before me
this 19th day of May, 2025.

My commission expires: 10.26.2027

X *Meghan K. Radziewicz*
Notary Public Signature



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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Mark W. Tawney

D/B/A: N/A FEIN # Only: N/A

Street Address: [REDACTED]

City: Oak Park State: IL Zip Code: 60302

Phone No.: 888.784.1290 Fax Number: 708.410.1558 Email: mark@iosolutions.com

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

Corporate File Number (if applicable): 56332413

Form of Legal Entity:

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

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Mary W. Tawney -		- Vice President of Testing Services	- 2025

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Mark W. Tawney

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

Mark W. Tawney

Signature

mark@iosolutions.com

E-mail address

Vice President of Testing Services

Title

5.19.2025

Date

888.784.1290

Phone Number

Subscribed to and sworn before me
this 19th day of May, 2025.

My commission expires: 10.26.2027

X

Meghan K Radziewicz

Notary Public Signature



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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 Chicago Bar Foundation

D/B/A: _____ FEIN # Only: 36-6109584

Street Address: 321 S. Plymouth Ct., Suite 3B

City: Chicago State: IL Zip Code: 60604

Phone No.: (312) 554-1205 Fax Number: _____ Email: bglaves@chicagobarfoundation.org

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) not-for-profit

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
N/A- The Chicago Bar Foundation is a not-for-profit corporation and has no owners (501(c)(3))		

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- The Chicago Bar Foundation is a not-for-profit corporation and has no owners (501(c)(3))		

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
Thomas Panoff, Sheppard Mullin, 321 N Clark St., 32nd Floor, Chicago, IL 60654, Board President, 6/2025 to 6/2026			
Robert Glaves, The Chicago Bar Foundation, 321 S. Plymouth Ct., #3B, Chicago, IL 60604, Executive Director, 1999 to present			
Elizabeth Lewis, McDermott Will & Emery, 444 W. Lake St., Chicago, IL 60606, 1st Vice President, 6/2025 to 6/2026			
Greta Weathersby, WEC Energy Group, 200 E. Randolph St. Ste 23, Chicago IL 60601, 2nd Vice President, 6/2025 to 6/2026 (2 more below)			

Corporate Officers, Members and Partners Information:

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Nancy Gerrie, c/o The Chicago Bar Foundation, 321 S. Plymouth Ct., Chicago, IL 60604, Treasurer 6/2020 to 6/2026
Ian Morrison, Seyfarth Shaw, 233 S Wacker Dr # 8000, Chicago, IL 60606, Secretary 6/2025 to 6/2026

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

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

[Signature]
Signature
bglaves@chicagobarfoundation.org
E-mail address

Executive Director
Title
11-18-25
Date
(312) 554-1205
Phone Number

Subscribed to and sworn before me
this 18 day of Nov, 2025

X [Signature]
Notary Public Signature

My commission expires:



Notary Seal

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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Enterprise Fleet Management, Inc

D/B/A: _____ FEIN # Only: 43-1233684

Street Address: 2281 Ball Drive

City: Maryland Heights State: MO Zip Code: 6314

Phone No.: 314-512-5000 Fax Number: _____ Email: _____

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

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Name	Address	Percentage Interest in Applicant/Holder
The Crawford Group, Inc	600 Corporate Park Drive	100%
	St. Louis, MO 63105	

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.

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Report Name : Management Structure

Filtered By : --

Exported By : NAOMI BROWN

Exported On : 11/3/2025

Entity Name: Enterprise Fleet Management, Inc.

Name	Title	Title Role	Role Start	Status	Comments
Andrew, Jr. Michael (Mike) W.	Director	Director	1/8/2024	Active	--
Taylor, Christine B	Director	Director	1/1/2020	Active	--
Willey, Russell A.	Director	Director	2/1/2023	Active	--
Taylor, Bryan S.	Senior Vice President	Officer	7/31/2025	Active	--
Beattie, Adam	Vice President	Officer	10/1/2023	Active	--
Dobosz, Billy	Vice President	Officer	9/1/2025	Active	--
Dolan, Margaret S	Vice President	Officer	7/22/2022	Active	--
Gerges, Mike	Vice President	Officer	9/15/2023	Active	--
Ketcham, Tara Traver	Vice President	Officer	3/1/2023	Active	--
Lauer, Angela L	Vice President	Officer	11/16/2022	Active	--
Lay, Phillip A	Vice President	Officer	12/21/2020	Active	--
Lemone, Christopher A	Vice President	Officer	9/8/2016	Active	--
Lipinsky, Jason P	Vice President	Officer	9/21/2014	Active	--
Mills, John	Vice President	Officer	9/21/2021	Active	--
Ross, Brendon D.	Vice President	Officer	4/1/2020	Active	amending title from SVP to VP as per resolution dated 04/01/2020
Shoop, David Geoffrey	Vice President	Officer	4/24/2019	Active	--
St. Eve, Bryan	Vice President	Officer	12/21/2020	Active	--
Tyra, Jason W	Vice President	Officer	9/17/2017	Active	--
Zaworski, Christopher M	Vice President	Officer	5/26/2016	Active	--
Bohlmann, Robert (Bob)	Assistant Vice President	Officer	4/24/2019	Active	--
Bussmann, Charles	Assistant Vice President	Officer	12/21/2020	Active	--
Gardner, Ryan	Assistant Vice President	Officer	10/1/2025	Active	--
Guglielmo, Robert	Assistant Vice President	Officer	9/8/2025	Active	--
Jurich, Bryan	Assistant Vice President	Officer	4/24/2019	Active	--
Lisonbee, Justin	Assistant Vice President	Officer	12/1/2023	Active	--
Marks, David	Assistant Vice President	Officer	11/15/2021	Active	--
Morgan, Kash	Assistant Vice President	Officer	11/14/2023	Active	--
Schremp, Dawn	Assistant Vice President	Officer	12/21/2020	Active	--
Senica, Chris	Assistant Vice President	Officer	10/1/2025	Active	--
Tuhro, Marni	Assistant Vice President	Officer	4/24/2019	Active	--
Vitt, Andrew	Assistant Vice President	Officer	11/11/2023	Active	--
Willey, Russell A.	Treasurer, Vice President, Asst. Secretary	Officer	2/1/2023	Active	--
Andrew, Jr. Michael (Mike) W.	Secretary	Officer	11/16/2022	Active	--
Cowan, Jeffrey	Assistant Secretary	Officer	7/10/2013	Active	--
Morgan, Paula M.	Assistant Secretary	Officer	7/31/2013	Active	--
Morrison, Matthew J	Assistant Secretary	Officer	3/18/2020	Active	--
O'Keefe, Daniel	Assistant Secretary	Officer	12/1/2024	Active	--
Smith, Larry A	Assistant Secretary	Officer	7/15/2014	Active	--

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

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

Signature

Christopher.M.fry@efleets.com
E-mail address

Finance Director
Title

12/8/2025
Date

630-534-7737
Phone Number

Subscribed to and sworn before me
this 8th day of December 2025

x Lachania Govan
Notary Public Signature

My commission expires: 02/23/2027



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.

"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 The Crawford Group, Inc

D/B/A: _____ FEIN # Only: 43-1233684

Street Address: 600 Corporate Park Drive

City: St. Louis State: MO Zip Code: 63105

Phone No.: 314-512-5000 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 ☒ 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
The Jack Taylor Voting Trust	600 Corporate Park Drive St. Louis, MO 63105	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.

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
See Attached			

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.

John R. Ashcroft Secretary of State
2024 ANNUAL REGISTRATION REPORT
BUSINESS

00343146
Date Filed: 10/8/2024
John R. Ashcroft
Missouri Secretary of State

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 11/30/2024		RENEWAL MONTH: AUGUST	
00343146 THE CRAWFORD GROUP, INC. C T CORPORATION SYSTEM 120 S CENTRAL AVE STE 400 CLAYTON MO 63105		☐ I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO FOR A \$25.00 FEE	
1		PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *	
		600 Corporate Park Dr (Required)	
		STREET	
		Saint Louis MO 63105-4204	
		CITY / STATE ZIP	
If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.			
☐ The new registered agent			
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.			
☐ The new registered office address			
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.			
2		3	
OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE DIRECTOR BELOW	
PRESIDENT Taylor, Christine B STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105		NAME Kindle, Carolyn STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204 USA	
SECRETARY Andrew, Michael (Mike) W. Jr. STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105		NAME Adamson, Brice G STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204 USA	
VICE PRESIDENT Kindle, Carolyn STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204		NAME Hill-Ardoin, Priscilla STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204 USA	
VICE PRESIDENT Willey, Russell A. STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204		NAME Nestor, David STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204 USA	
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			
The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.			
4		Authorized party or officer sign here Russell A Willey (Required)	
Please print name and title of signer:		Russell A Willey / Vice President	
		NAME TITLE	
REGISTRATION REPORT FEE IS: \$20.00 If filed on or before 11/30/2024 \$35.00 If filed on or before 12/31/2024 \$50.00 If filed on or before 1/31/2025 \$65.00 If filed on or before 2/28/2025 ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.		WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE	
		E-MAIL ADDRESS (OPTIONAL):	

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102

John R. Ashcroft Secretary of State
2024 ANNUAL REGISTRATION REPORT
BUSINESS

00343146
THE CRAWFORD GROUP, INC.
C T CORPORATION SYSTEM
120 S CENTRAL AVE STE 400
CLAYTON MO 63105

3	OFFICERS (Continued)		BOARD OF DIRECTORS (Continued)	
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	
	<u>VICE PRESIDENT</u>	Kindle, Jo Ann STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105	<u>DIR.</u>	Roither, Shelley M STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204
	<u>TREASURER</u>	Willey, Russell A. STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204	<u>DIR.</u>	Willey, Russell A. STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204
			<u>DIR.</u>	Pierce, Joseph STREET 600 Corporate Park Dr CITY/STATE/ZIP Saint Louis MO 63105-4204
			<u>DIR.</u>	Kemper, David W. STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105
			<u>DIR.</u>	Winnefeld, James "Sandy" STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105
			<u>DIR.</u>	Kindle, Jo Ann STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105
			<u>DIR.</u>	Taylor, Christine B STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105
			<u>DIR.</u>	Sullivan, Diane M. STREET 600 Corporate Park Drive CITY/STATE/ZIP Saint Louis MO 63105
			<u>DIR.</u>	Trott, Byron D. STREET 600 Corporate Park Drive

John R. Ashcroft Secretary of State
2024 ANNUAL REGISTRATION REPORT

BUSINESS

		CITY/STATE/ZIP	Saint Louis MO 63105
		<u>DIR.</u> STREET CITY/STATE/ZIP	Taylor, Andrew C. 600 Corporate Park Drive Saint Louis MO 63105

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Matthew J. Morrison

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

Signature

Matthew.J.Morrison@em.com

E-mail address

Subscribed to and sworn before me
this 4th day of Dec, 2008

X Paula M. Morgan
Notary Public Signature

Assistant Secretary

Title

December 3, 2025

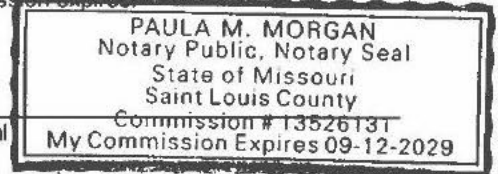
Date

314-512-5000

Phone Number

My commission expires

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.**

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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 Denler, Inc

D/B/A: _____ FEIN # Only: 36-3537556

Street Address: 20502 S. Cherry Hill Rd.

City: JOLIET State: IL

Zip Code: 60433

Phone No.: 708 479 5005 Fax Number: 708 479 5015

Email: ddenler@denlerinc.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) _____

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
DAVID Denlee,	20502 S. Cherry Hill Rd. Joliet, IL 60433	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.

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
DAVID Denlee,	20502 S. Cherry Hill Rd, Joliet, IL 60433	President	30 YEARS

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

DAVID J. Denler
Name of Authorized Applicant/Holder Representative (please print or type)

David J. Denler
Signature

ddenler@denlerinc.com
E-mail address

Subscribed to and sworn before me
this 6th day of February 2026

X

[Signature]
Notary Public Signature

President
Title

02/06/2026
Date

708 479 5005
Phone Number

My commission expires: 01/21/2029

Notary Seal

