

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G93359

**Entity Name:** APPLIED TECHNOLOGY AND MANAGEMENT, INC.**Current Principal Place of Business:**900 BROKEN SOUND PKWY  
SUITE 200  
BOCA RATON, FL 33487**Current Mailing Address:**900 BROKEN SOUND PKWY  
SUITE 200  
BOCA RATON, FL 33487 US**FEI Number:** 59-2413268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name PEENE, STEVE  
Address 900 BROKEN SOUND PKWY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name PEEL, TOM  
Address 900 BROKEN SOUND PKWY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name JENKINS, MIKE  
Address 900 BROKEN SOUND PKWY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name CANFIELD, DAVID  
Address 900 BROKEN SOUND PKWY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title PRES  
Name PHELGAR, W. SAMUEL  
Address 900 BROKEN SOUND PKWY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title TREASURER  
Name MCDIRMIT, RAY  
Address 900 BROKEN SOUND PKWY  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name KRISHNAN, GANESH  
Address 1255 ROBERTS BLVD  
SUITE 200  
City-State-Zip: KENNESAW GA 30144

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOM PEEL**SECRETARY****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date