2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40085

Entity Name: INTEGRA ENTERPRISES CORPORATION

Current Principal Place of Business:

% RE/MAX OF NEW ENGLAND, INC. 8 STRATHMORE ROAD NATICK, MA 01760

Current Mailing Address:

% RE/MAX OF NEW ENGLAND, INC. 8 STRATHMORE ROAD NATICK, MA 01760 US

FEI Number: 59-2768338 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Feb 07, 2018

Secretary of State

CC9230855695

Officer/Director Detail:

Title **PRESIDENT** Title CHAIRMAN OF THE BOARD

Name SCHNEIDER, WALTER J. Name POLZLER, FRANK J. Address 8 STRATHMORE ROAD Address 8 STRATHMORE ROAD City-State-Zip: NATICK MA 01760 City-State-Zip: NATICK MA 01760

Title **SECRETARY** Title **TREASURER**

Name SOLOMON, JUDITH A. Name SCHNEIDER, WALTER J. 8 STRATHMORE ROAD Address 8 STRATHMORE ROAD Address City-State-Zip: NATICK MA 01760 City-State-Zip: NATICK MA 01760

Title VP, FINANCE Title ASST. SECRETARY

DOHERTY, DOLORES Name Name SCHNEIDER, WALTER J.

Address % RE/MAX OF NEW ENGLAND, INC. Address % RE/MAX OF NEW ENGLAND, INC.

8 STRATHMORE ROAD 8 STRATHMORE ROAD

City-State-Zip: NATICK MA 01760 City-State-Zip: NATICK MA 01760

Title DIRECTOR Title **DIRECTOR**

Name SCHNEIDER, WALTER J. Name POLZLER, FRANK J.

Address % RE/MAX OF NEW ENGLAND, INC. Address % RE/MAX OF NEW ENGLAND, INC.

8 STRATHMORE ROAD 8 STRATHMORE ROAD

City-State-Zip: NATICK MA 01760 City-State-Zip: NATICK MA 01760

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: JUDITH A. SOLOMON

SECRETARY

02/07/2018