

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000054964

**Entity Name:** XORAIL, INC.

**Current Principal Place of Business:**

30 ISABELLA STREET  
PITTSBURGH, PA 15212

**Current Mailing Address:**

30 ISABELLA STREET  
PITTSBURGH, PA 15212 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 DIRECTOR, SECRETARY, VP,  
AUTHORIZE SIGNER  
Name SEITZ, DAVID M.  
Address 30 ISABELLA STREET  
City-State-Zip: PITTSBURGH PA 15212

Title DIRECTOR, VP, TREASURER  
Name MASTALERZ, JOHN  
Address 30 ISABELLA STREET  
City-State-Zip: PITTSBURGH PA 15212

Title VP  
Name TEHRANI, NIMA  
Address 30 ISABELLA STREET  
City-State-Zip: PITTSBURGH PA 15212

Title VP-FINANCE  
Name DUGAN, PATRICK D  
Address 30 ISABELLA STREET  
City-State-Zip: PITTSBURGH PA 15212

Title PRESIDENT  
Name JADHAV, RAJENDRA  
Address 30 ISABELLA STREET  
City-State-Zip: PITTSBURGH PA 15212

Title VP, ASST. SECRETARY  
Name QUINN, ERIN BOYTS  
Address 30 ISABELLA STREET  
City-State-Zip: PITTSBURGH PA 15212

*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:** DAVID M. SEITZ

**AUTHORIZE SIGNER**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date