

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053893

**Entity Name:** MCNA SYSTEMS CORP.**Current Principal Place of Business:**3100 SW 145TH AVENUE, SUITE 200  
MIRAMAR, FL 33027**Current Mailing Address:**PO BOX 740370  
ATLANTA, GA 30374-0370**FEI Number:** 45-3641822**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

**Officer/Director Detail :**

Title DIRECTOR  
Name WIFFLER, THOMAS PATRICK  
Address 200 EAST RANDOLPH STREET,SUITE 5300  
City-State-Zip: CHICAGO IL 60601

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title ASST. SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY  
Name BRODY, MICHAEL CHARLES  
Address 680 BLAIR MILL ROAD  
City-State-Zip: HORSHAM PA 19044

Title DIRECTOR, CEO  
Name VAN HAM, COLLEEN HASTINGS  
Address 200 EAST RANDOLPH STREET,SUITE 5300  
City-State-Zip: CHICAGO IL 60601

Title CFO  
Name DAVIS, MITCHELL ROBERT  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

*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:** HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date