# 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: VIKRAM RAMPRAKASH PTSD 04/09/2019

Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P14000084004

#### Entity Name: STRUCTURED MONITORING PRODUCTS, INC.

## Current Principal Place of Business:

151 INNOVATION DRIVE, SUITE 320 ELYRIA, OH 44035

#### **Current Mailing Address:**

151 INNOVATION DRIVE, SUITE 320 ELYRIA, OH 44035 US

## FEI Number: 45-5326616

## Name and Address of Current Registered Agent:

MINCH, MAXWELL L GRAYROBINSON, P.A. 720 S.W. 2ND AVE., SUITE 106 GAINESVILLE, FL 32601 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	E MAXWELL L. MINCH			04/09/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PTSD	Title	DIRECTOR	
Name	RAMPRAKASH, VIKRAM	Name	ARORA, RACHANA	
Address	8774 FINSEN ST	Address	5337 SW 183RD AVE	
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	MIRAMAR FL 33029	
Title	DIRECTOR			
Name	SREERAM, VIKRAM			
Address	#5, 10TH CROSS, RAJMAHAL VILLAS			
City-State-Zip:	BANGALORE 560080			

Certificate of Status Desired: No

FILED Apr 09, 2019 Secretary of State 9023806696CC