

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000084004

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

**Current Principal Place of Business:**

100 PHEONIX DRIVE,  
SUITE 125  
ANN ARBOR, MI 48108

**FILED**  
**Apr 17, 2024**  
**Secretary of State**  
**6140384640CC**

**Current Mailing Address:**

100 PHEONIX DRIVE,  
SUITE 125  
ANN ARBOR, MI 48108 US

**FEI Number: 45-5326616**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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            PRESIDENT/CEO, DIRECTOR  
Name            HEATON, LARRY  
Address        100 PHEONIX DRIVE,  
                  SUITE 125  
City-State-Zip: ANN ARBOR MI 48108

Title            DIRECTOR  
Name            BLAIR, GREG  
Address        100 PHEONIX DRIVE,  
                  SUITE 125  
City-State-Zip: ANN ARBOR MI 48108

Title            COO  
Name            BLAIR, TONY  
Address        100 PHEONIX DRIVE,  
                  SUITE 125  
City-State-Zip: ANN ARBOR MI 48108

Title            DIRECTOR  
Name            DONATO, PETER  
Address        100 PHEONIX DRIVE,  
                  SUITE 125  
City-State-Zip: ANN ARBOR MI 48108

Title            SECRETARY  
Name            DE HAAN-FULLERTON, KAREN  
Address        100 PHEONIX DRIVE,  
                  SUITE 125  
City-State-Zip: ANN ARBOR MI 48108

Title            CFO/TREASURER/CONTROLLER  
Name            DONATO, PETER  
Address        100 PHEONIX DRIVE,  
                  SUITE 125  
City-State-Zip: ANN ARBOR MI 48108

*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: KAREN DE HAAN-FULLERTON**

**SECRETARY**

**04/17/2024**

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

\_\_\_\_\_  
Date