

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000081094

Entity Name: SHARPEN TECHNOLOGIES INC.**Current Principal Place of Business:**101 W. WASHINGTON ST.
STE 600E
INDIANAPOLIS, IN 46204**Current Mailing Address:**101 W. WASHINGTON ST.
STE 600E
INDIANAPOLIS, IN 46204 US**FEI Number:** 45-2663904**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	CEO
Name	GILDEA, WILLIAM
Address	101 W. WASHINGTON ST. STE 600E
City-State-Zip:	INDIANAPOLIS IN 46204

Title	COO
Name	HYNES, PAM
Address	101 W. WASHINGTON ST. STE 600E
City-State-Zip:	INDIANAPOLIS IN 46204

Title	CTO
Name	SCHATZ, KEVIN
Address	101 W. WASHINGTON ST. STE 600E
City-State-Zip:	INDIANAPOLIS IN 46204

Title	CDS
Name	KOSIBA, RIC
Address	101 W. WASHINGTON ST. STE 600E
City-State-Zip:	INDIANAPOLIS IN 46204

Title	CMO
Name	KRAJEWSKI, MURPH
Address	101 W. WASHINGTON ST. STE 600E
City-State-Zip:	INDIANAPOLIS IN 46204

Title	CFO
Name	SHAW, TRACI
Address	101 W. WASHINGTON ST. STE 600E
City-State-Zip:	INDIANAPOLIS IN 46204

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: PAMELA HYNES

COO

09/23/2021

Electronic Signature of Signing Officer/Director Detail_____
Date