

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# F00000005106

**Apr 23, 2018**

**Entity Name:** GREENPATH, INC.

**Secretary of State  
CC5997549077**

**Current Principal Place of Business:**

36500 CORPORATE DRIVE  
FARMINGTON HILLS, MI 48331

**Current Mailing Address:**

36500 CORPORATE DRIVE  
FARMINGTON HILLS, MI 48331

**FEI Number: 38-6142925**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
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 C  
Name SYDLOWSKI, JANE  
Address 17187 N. LAUREL PARK DRIVE, SUITE 125  
City-State-Zip: LIVONIA MI 48152

Title T  
Name POULOS, MICHAEL  
Address 27000 EVERGREEN  
City-State-Zip: LATHRUP VILLAGE MI 48076

Title VC  
Name FRITH, JOHN  
Address 400 RENAISSANCE CENTER SUITE 2900  
City-State-Zip: DETROIT MI 48243

Title SECRETARY  
Name RICHARDS, WILLIAM  
Address 36500 CORPORATE DRIVE  
City-State-Zip: FARMINGTON HILLS MI 48331

Title TRUSTEE  
Name PACHLA, CAREY  
Address 17187 N. LAUREL PARK DR., SUITE 125B  
City-State-Zip: LIVONIA FL 48152

Title TRUSTEE  
Name ZAMBELLI, TONY  
Address 300 PARK STREET SUITE 400  
City-State-Zip: BIRMINGHAM MI 48009

Title ASST. SECRETARY  
Name MORELLI, REBECCA  
Address 36500 CORPORATE DRIVE  
City-State-Zip: FARMINGTON HILLS MI 48331

Title PRESIDENT  
Name HOLT, KRISTEN  
Address 36500 CORPORATE DRIVE  
City-State-Zip: FARMINGTON HILLS MI 48331

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTEN HOLT**

**PRESIDENT**

**04/23/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name HOLLIS, RICHARD  
Address 36500 CORPORATE DRIVE  
City-State-Zip: FARMINGTON HILLS MI 48331

Title DIRECTOR  
Name WEIR, DEIERDRE  
Address 5954 BARNSTABLE CT  
City-State-Zip: WEST BLOOMFIELD MI 48322

Title DIRECTOR  
Name HANDA, SANJEEV  
Address 5 BUDNER LANE  
City-State-Zip: WESTPORT CT 06880

Title DIRECTOR  
Name PARADIS, BRUCE  
Address 12530 BEACH CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name DUHAIME, MARK  
Address 5781 RUBY DRIVE  
City-State-Zip: TROY MI 48085

Title DIRECTOR  
Name GOTTSCHALL, BRUCE  
Address 1749 W. GRANVILLE AVENUE  
City-State-Zip: CHICAGO IL 60660

Title DIRECTOR  
Name HERBERT, CHRIS  
Address 366 MARRETT ROAD  
City-State-Zip: LEXINGTON MA 02421