

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005106

Entity Name: GREENPATH, INC.

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 CHAIR
Name SYDLOWSKI, JANE
Address 17187 N. LAUREL PARK DRIVE, SUITE 125
City-State-Zip: LIVONIA MI 48152

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

Title TREASURER
Name ZAMBELLI, ANTHONY
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 & CEO
Name HOLT, KRISTEN
Address 36500 CORPORATE DRIVE
City-State-Zip: FARMINGTON HILLS MI 48331

Title ASST. TREASURER
Name HOLLIS, RICHARD
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 & CEO

04/19/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name POULOS, MICHAEL
Address 27000 EVERGREEN ROAD
City-State-Zip: LATHRUP VILLAGE FL 48076

Title DIRECTOR
Name SLEDGE, JOSH
Address 1010 E. WASHINGTON AVE
City-State-Zip: MADISON WI 53703

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

Title DIRECTOR
Name GREENE, MICHELLE
Address 11214 W. LAPHAM ST
City-State-Zip: WEST ALLIS WI 53214