

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005230

**Entity Name:** FRONTIERS USA, INC.

**Current Principal Place of Business:**

939 S. EDWARD DRIVE  
TEMPE, AZ 85281

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**8872673829CC**

**Current Mailing Address:**

PO BOX 60670  
PHOENIX, AZ 85082 US

**FEI Number: 95-3731505**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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            PECKHAM, R.  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title            CHAIRMAN  
Name            ROUTH, B.  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title            CFO  
Name            SADAR, J. STEPHEN  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AL 85082

Title            TREASURER  
Name            SADAR, J. STEPHEN  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AL 85082

Title            SECRETARY  
Name            DVORET, C.  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title            DIRECTOR  
Name            HOLZMANN, S.  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title            DIRECTOR  
Name            SJOLUND, P  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title            DIRECTOR  
Name            LIVERMAN, J  
Address        PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

**Continues on page 2**

*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: J. STEPHEN SADAR**

**CFO**

**04/19/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FEY, M  
Address PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title DIRECTOR  
Name HAMANN, M  
Address PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title DIRECTOR  
Name HAWTHORNE, S  
Address PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082

Title DIRECTOR  
Name DONG, T  
Address PO BOX 60670  
City-State-Zip: PHOENIX AZ 85082