2024 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F17000000030

Entity Name: BUSINESS COUNSEL, INC.

Current Principal Place of Business:

3501 N PONCE DE LEON BLVD

STE B348

SAINT AUGUSTINE, FL 32084

Current Mailing Address:

3501 N PONCE DE LEON BLVD

STE B348

SAINT AUGUSTINE, FL 32084 US

FEI Number: 04-3423840 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED

Apr 02, 2024

Secretary of State 5998694772CC

Officer/Director Detail:

Title PRESIDENT, TREASURER, CEO Title DIRECTOR SMIT. PETER A Name MIROFF, DREW J. Name Address VARNUM LLP

Address 3501 N PONCE DE LEON BLVD

STE B348

BRIDGEWATER PLACE

SAINT AUGUSTINE FL 32084 City-State-Zip: GRAND RAPIDS MI 49501-0352 City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

Name BAYLISS, WILLIAM D Name ANDERSON, DAVID

WILLIAMS MULLEN Address **SQUARE DE MEEUS 38-40** Address

200 SOUTH 10TH STREET SUITE 1600 City-State-Zip: BRUSSELS B-1000

RICHMOND WA 23219 City-State-Zip:

Title **DIRECTOR**

Name CARTER, J. KENNETH Title **DIRECTOR** TURNER PADGET PA Address

FUHRMAN, TROY Name 200 EAST BROAD STREET, SUITE 250

Address 101 EAST KENNEDY BLVD. P.O. BOX 2231 SUITE 3700

GREENVILLE SC 29602 City-State-Zip: City-State-Zip: TAMPA FL 33601

Title DIRECTOR DIRECTOR Title

Name WARNE, WILLIAM R Name KIRTLEY, JOHN L

621 CAPITOL MALL, 18TH FLOOR Address Address 833 E. MICHIGAN STREET

City-State-Zip: SACRAMENTO CA 95814 City-State-Zip: MILWAUKEE WI 53202

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.

04/02/2024 SIGNATURE: DREW J. MIROFF **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date