

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

DOCUMENT# F19000003988

**Entity Name:** AMERICAN KENNEL CLUB COMPANION ANIMAL RECOVERY CORPORATION

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**3936181072CC**

**Current Principal Place of Business:**

8051 ARCO CORPORATE DR., STE 200  
RALEIGH, NC 27617

**Current Mailing Address:**

8051 ARCO CORPORATE DR., STE 200  
RALEIGH, NC 27617 US

**FEI Number: 13-3904402**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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           PRESIDENT  
Name           SHARP, TOM  
Address        8051 ARCO CORPORATE DR., STE  
                  200  
City-State-Zip: RALEIGH NC 27617

Title           MGRD  
Name           DUNN, MARK  
Address        101 PARK AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

Title           VICE CHAIR  
Name           TATRO, HAROLD  
Address        101 PARK AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

Title           DIRECTOR  
Name           BATTAGLIA, CARMEN  
Address        101 PARK AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

Title           CHAIR  
Name           BIDDLE, RITA  
Address        101 PARK AVENUE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

Title           CFO, SECRETARY, TREASURER  
Name           PHILLIPS, THEODORE  
Address        101 PARK AVENUE, 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

Title           DIRECTOR  
Name           WALLIN, ANN  
Address        101 PARK AVENUE, 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

Title           DIRECTOR  
Name           MCATEER, KAROLYNNE  
Address        101 PARK AVENUE, 5TH FLOOR  
City-State-Zip: NEW YORK NY 10178

*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: THEODORE PHILLIPS**

**SECRETARY AND  
TREASURER**

**03/05/2024**

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

\_\_\_\_\_  
Date