

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839235

Entity Name: QUADIENT, INC.**Current Principal Place of Business:**478 WHEELERS FARMS ROAD
MILFORD, CT 06461**Current Mailing Address:**478 WHEELERS FARMS ROAD
MILFORD, CT 06461**FEI Number:** 94-2388882**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:** ROBERT ESCHNER

05/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALAIN, FAIRISE
Address 478 WHEELERS FARMS ROAD
City-State-Zip: MILFORD CT 06461

Title PRESIDENT
Name GODET, GEOFFREY
Address 42-46 AVENUE
ARISTIDE BRIAND
City-State-Zip: BAGNEUX FR 92220

Title TREASURER
Name POMPONIO, SCOTT
Address 478 WHEELERS FARMS ROAD
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name DU PASSAGE, LAURENT
Address 42-46 AVENUE
ARISTIDE BRIAND
City-State-Zip: BAGNEUX FR 92220

Title S
Name SHANKLE, KIRK
Address 478 WHEELERS FARMS ROAD
City-State-Zip: MILFORD CT 06461

Title VP
Name GROSSANO, GERARD
Address 478 WHEELERS FARMS ROAD
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name BATT, BRANDON
Address 478 WHEELERS FARMS ROAD
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name HARTIGAN, CHRISTIAN
Address 478 WHEELERS FARMS ROAD
City-State-Zip: MILFORD CT 06461

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

SIGNATURE: KIRK SHANKLE**SECRETARY**

05/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BERSON, BENOIT
Address	42-46 AVENUE ARISTIDE BRIAND
City-State-Zip:	BAGNEUX FR 92220