

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002350

**Entity Name:** FLEXENTIAL CORP.**Current Principal Place of Business:**600 FOREST POINT CIRCLE  
SUITE 100  
CHARLOTTE, NC 28273**Current Mailing Address:**600 FOREST POINT CIRCLE  
SUITE 100  
CHARLOTTE, NC 28273 US**FEI Number:** 59-3638780**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**Officer/Director Detail :**

Title	CEO & DIRECTOR
Name	DOWNIE, CHRISTOPHER W
Address	600 FOREST POINT CIRCLE SUITE 100
City-State-Zip:	CHARLOTTE NC 28273

Title	VP
Name	JOHNSON, JILL R
Address	600 FOREST POINT CIRCLE SUITE 100
City-State-Zip:	CHARLOTTE NC 28273

Title	SECRETARY
Name	SMOLEN, DAVID
Address	188 THE EMBARCADERO SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	CFO, DIRECTOR
Name	WILLIAMS, GARTH
Address	600 FOREST POINT CIRCLE SUITE 100
City-State-Zip:	CHARLOTTE NC 28273

Title	COO
Name	MALLORY, RYAN
Address	600 FOREST POINT CIRCLE SUITE 100
City-State-Zip:	CHARLOTTE NC 28273

Title	OFFICER
Name	BRICKER, VEENA
Address	600 FOREST POINT CIRCLE SUITE 100
City-State-Zip:	CHARLOTTE NC 28273

Title	GENERAL COUNSEL
Name	FINE, MEGAN
Address	600 FOREST POINT CIRCLE SUITE 100
City-State-Zip:	CHARLOTTE NC 28273

*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:** JILL R JOHNSON

VP OF TAXATION

04/29/2024

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