## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0000005445

Entity Name: MAZZETTI INC.

#### Current Principal Place of Business:

220 MONTGOMERY ST STE 650 SUITE 650 SAN FRANCISCO, CA 94104

### **Current Mailing Address:**

393 NICHOL MILL LN STE 150 SUITE 150 FRANKLIN, TN 37067 US

#### FEI Number: 94-1722463

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

REGISTERED AGENTS INC 7901 4TH ST. N., STE. 300 ST. PETERSBURG, FL 33702 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:	BILL HAVRE			02/04/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT	Title	VP	
Name	VERNON, WALTER N	Name	MESSERLI, KURT	
	220 MONTGOMERY ST STE 650 SUITE 650	Address	220 MONTGOMERY ST STE 650 SUITE 650	
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	SAN FRANCISCO CA 94104	
Title	TREASURER	Title	SECRETARY	
Name	BELL, BETH	Name	PAPPAS, JOHN	
	220 MONTGOMERY ST STE 650 SUITE 650	Address	220 MONTGOMERY ST STE 650 SUITE 650	
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	SAN FRANCISCO CA 94104	
Title	DIRECTOR	Title	DIRECTOR	
Name	INMAN, JON	Name	DECKARD, DONNA	
	220 MONTGOMERY ST STE 650 SUITE 650	Address	220 MONTGOMERY ST STE 650 SUITE 650	
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	SAN FRANCISCO CA 94104	
Title	DIRECTOR	Title	DIRECTOR	
Name	COLEMAN, DURELL	Name	TWOMEY, KATIE	
	220 MONTGOMERY ST STE 650 SUITE 650	Address	220 MONTGOMERY ST STE 650 SUITE 650	
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	SAN FRANCISCO CA 94104	

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

#### SIGNATURE: WALTER N VERNON IV

PRESIDENT

02/04/2024

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 04, 2024 Secretary of State 4873582135CC

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MANDULA, JANE
Address	220 MONTGOMERY ST STE 650 SUITE 650
City-State-Zip:	SAN FRANCISCO CA 94104