## 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 Certificate of Status Desired: No

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

**FILED** Feb 04, 2024

Secretary of State

4873582135CC

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

VERNON, WALTER N MESSERLI, KURT Name Name

Address 220 MONTGOMERY ST STE 650 Address 220 MONTGOMERY ST STE 650

> SUITE 650 SUITE 650

SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY** BELL, BETH Name PAPPAS, JOHN Name

220 MONTGOMERY ST STE 650 220 MONTGOMERY ST STE 650 Address Address

> SUITE 650 SUITE 650

SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name INMAN, JON Name DECKARD, DONNA

220 MONTGOMERY ST STE 650 220 MONTGOMERY ST STE 650 Address Address

> SUITE 650 SUITE 650

SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name COLEMAN, DURELL Name TWOMEY, KATIE

220 MONTGOMERY ST STE 650 220 MONTGOMERY ST STE 650 Address Address

SUITE 650 SUITE 650

SAN FRANCISCO CA 94104 City-State-Zip: SAN FRANCISCO CA 94104 City-State-Zip:

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.

02/04/2024 SIGNATURE: WALTER N VERNON IV PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MANDULA, JANE

220 MONTGOMERY ST STE 650 SUITE 650 Address

City-State-Zip: SAN FRANCISCO CA 94104