

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004015

**Entity Name:** DUKE'S ROOT CONTROL, INC.

**Current Principal Place of Business:**

1020 HIAWATHA BLVD. WEST  
SYRACUSE, NY 13204

**Current Mailing Address:**

1020 HIAWATHA BLVD. WEST  
SYRACUSE, NY 13204

**FEI Number: 75-3026801**

**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 & CEO  
Name            FISHBUNE , MATTHEW  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            CFO  
Name            BRIDGNELL , CHRIS  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            VICE PRESIDENT OF OPERATIONS  
Name            BOYKO , BRADEN  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            VICE PRESIDENT AND ASSISTANT  
SECRETARY  
Name            HARROD, MICHELLE  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            VP OF FINANCE & SECRETARY  
Name            OWENS , RICHELLE  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            SVP FIELD SERVICES  
Name            MONK , DEAN  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            SVP SALES  
Name            HUGHES, KEVIN  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

Title            VP  
Name            KOONCE , MIKE  
Address        1020 HIAWATHA BLVD. WEST  
City-State-Zip: SYRACUSE NY 13204

*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: RICHELLE OWENS**

**SECRETARY, BY JULIE      04/20/2022  
PHILLIPS, ATTORNEY-IN-  
FACT**

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

\_\_\_\_\_  
Date