

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001538

Entity Name: THE BOND EXCHANGE INC., A WHOLESALE INSURANCE AGENCY**Current Principal Place of Business:**14045 BALLANTYNE CORPORATE PLACE STE 525
CHARLOTTE, NC 28277**Current Mailing Address:**PO BOX 278238
SACRAMENTO, CA 95827-8238**FEI Number:** 59-1630046**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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, CFO, TREASURER
Name	SIINO, SPENCER R
Address	9848 BUSINESS PARK DRIVE H
City-State-Zip:	SACRAMENTO CA 95827-8238

Title	VP
Name	GIBSON, SHERALYN B
Address	9848 BUSINESS PARK DRIVE H
City-State-Zip:	SACRAMENTO CA 95827

Title	DIRECTOR, SECRETARY
Name	POPP, JOHN R
Address	9848 BUSINESS PARK DRIVE H
City-State-Zip:	SACRAMENTO CA 95827

Title	DIRECTOR
Name	PAPPALARDO, JOSEPH
Address	9848 BUSINESS PARK DRIVE H
City-State-Zip:	SACRAMENTO CA 95827

Title	PRESIDENT
Name	GONSALVES, DAVID
Address	14045 BALLANTYNE CORPORATE PLACE STE 525
City-State-Zip:	CHARLOTTE NC 28277

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: JOHN POPP**SECRETARY****04/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date