

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006272

**Entity Name:** STRATEGIC PHARMACEUTICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

17014 NE SANDY BLVD  
PORTLAND, OR 97230

**Current Mailing Address:**

17014 NE SANDY BLVD  
PORTLAND, OR 97230

**FEI Number:** 20-4318957

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name            GREEN, KURT D  
Address        17014 N.E. SANDY BLVD.  
City-State-Zip: PORTLAND OR 97230

Title            SECRETARY  
Name            BANE, ANDREW J  
Address        17014 N.E. SANDY BLVD.  
City-State-Zip: PORTLAND OR 97230

Title            TREASURER  
Name            HENRICKSON, STEVEN  
Address        17014 NE SANDY BLVD  
City-State-Zip: PORTLAND OR 97230

Title            DIRECTOR  
Name            DREW, DOUG  
Address        12401 S OLYMPIC BLVD  
City-State-Zip: LOS ANGELES CA 90064

Title            DIRECTOR  
Name            SHELL, STEVEN  
Address        3041 W PASADENA DR  
City-State-Zip: BOISE ID 83705

Title            DIRECTOR  
Name            COUTENS, CECILE  
Address        110 EDISON PL  
City-State-Zip: NEWARK NJ 07102

Title            DIRECTOR  
Name            MOUTAULT, LOIC  
Address        650, AVENUE DE LA PETITE  
                 CAMARGUE  
City-State-Zip: AIMARGUES 30470

*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:** KURT GREEN

**PRESIDENT**

**04/04/2024**

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

\_\_\_\_\_  
Date