

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002193

Entity Name: SOJERN, INC.

Current Principal Place of Business:

18135 BURKE ST
3RD FLOOR
OMAHA, NE 68022

FILED
Apr 15, 2024
Secretary of State
9827006705CC

Current Mailing Address:

18135 BURKE ST
3RD FLOOR
OMAHA, NE 68022 US

FEI Number: 26-0515764

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 CHIEF REVENUE OFFICER
Name HENRY, NOREEN
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title CFO
Name KOTHARI, AMAN
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title DIRECTOR
Name RABE, MARK
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title CEO
Name RABE, MARK
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title CHIEF SOLUTIONS OFFICER
Name WEINSHEIMER, KURT
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title DIRECTOR
Name MORAGNE, JOHN
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title DIRECTOR
Name KESZLER, ELLEN
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

Title SECRETARY
Name HUIE, PAUL
Address 18135 BURKE ST
3RD FLOOR
City-State-Zip: OMAHA NE 68022

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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: PAUL HUIE

SECRETARY

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARSHALL, WOODY
Address 18135 BURKE ST
 3RD FLOOR
City-State-Zip: OMAHA NE 68022