

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003583

Entity Name: VERIATO, INC.**Current Principal Place of Business:**4440 PGA BOULEVARD
SUITE 500
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4440 PGA BOULEVARD
SUITE 500
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 59-3586778**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROZANES, DEHA
4440 PGA BOULEVARD
SUITE 500
PALM BEACH GARDENS, FL 33410 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:** DEHA ROZANES

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------------|
| Title | CFO |
| Name | ROZANES, DEHA |
| Address | 4440 PGA BOULEVARD SUITE 500 |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | MILLER, BRAD |
| Address | 1391 POST ROAD EAST |
| City-State-Zip: | WESTPORT CT 06880 |

| | |
|-----------------|-----------------------------------|
| Title | DIRECTOR |
| Name | ALVORD, SETH |
| Address | 285 RIVERSIDE AVENUE SUITE 200 |
| City-State-Zip: | WESTPORT CT 06880 |

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: DEHA ROZANES

CFO

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date