

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002100

**Entity Name:** INEOQUEST TECHNOLOGIES, INC.

**Current Principal Place of Business:**

247 STATION DRIVE  
SUITE NE2  
WESTWOOD, MA 02090

**Current Mailing Address:**

247 STATION DRIVE  
SUITE NE2  
WESTWOOD, MA 02090 US

**FEI Number:** 04-3570265

**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 CHAIRMAN OF THE BOARD  
Name WEISS, ELI  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title DIRECTOR  
Name HANSON, MARK  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title DIRECTOR  
Name MANKOFF, STEVE  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title DIRECTOR  
Name MARSHALL, BEN  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title DIRECTOR  
Name BASSETT-SPIERS, RHONDA  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title PRESIDENT / CEO  
Name BASSETT-SPIERS, RHONDA  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title TREASURER / CFO  
Name PADUCH, BRETT  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

Title AUTHORIZED SIGNOR  
Name CASTLES, DAN  
Address 247 STATION DRIVE  
SUITE NE2  
City-State-Zip: WESTWOOD MA 02090

*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:** DAN CASTLES

**AUTHORIZED SIGNOR**

**04/08/2024**

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

\_\_\_\_\_  
Date