2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0900002540

Entity Name: KELLER MEDICAL, INC.

Current Principal Place of Business:

5 GIRALDA FARMS MADISON, NJ 07940

Current Mailing Address:

1 N WAUKEGAN ROAD TAX DEPARTMENT NORTH CHICAGO, IL 60064 US

FEI Number: 26-2093764

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	D, VP
Name	MICHAEL, ROBERT A	Name	BRISTOW, LINDSEY M.
Address	1 N WAUKEGAN ROAD	Address	1 N WAUKEGAN ROAD
City-State-Zip:	NORTH CHICAGO IL 60064	City-State-Zip:	NORTH CHICAGO IL 60064
Title	TREASURER	Title	SECRETARY
Name	REENTS, SCOTT T	Name	LAGUNAS, JENNIFER M
Address	1 N WAUKEGAN ROAD	Address	1 N WAUKEGAN ROAD
City-State-Zip:	NORTH CHICAGO IL 60064	City-State-Zip:	NORTH CHICAGO IL 60064
Title	ASST. SECRETARY	Title	ASST. TREASURER
Title Name	ASST. SECRETARY CORBIN, JOHANNA M	Title Name	ASST. TREASURER KLINTWORTH, WAYNE
Name	CORBIN, JOHANNA M	Name	KLINTWORTH, WAYNE
Name Address	CORBIN, JOHANNA M 1 N WAUKEGAN ROAD	Name Address	KLINTWORTH, WAYNE 1 N WAUKEGAN ROAD
Name Address City-State-Zip:	CORBIN, JOHANNA M 1 N WAUKEGAN ROAD NORTH CHICAGO IL 60064	Name Address City-State-Zip:	KLINTWORTH, WAYNE 1 N WAUKEGAN ROAD NORTH CHICAGO IL 60064
Name Address City-State-Zip: Title	CORBIN, JOHANNA M 1 N WAUKEGAN ROAD NORTH CHICAGO IL 60064 ASST. SECRETARY	Name Address City-State-Zip: Title	KLINTWORTH, WAYNE 1 N WAUKEGAN ROAD NORTH CHICAGO IL 60064 VP
Name Address City-State-Zip: Title Name	CORBIN, JOHANNA M 1 N WAUKEGAN ROAD NORTH CHICAGO IL 60064 ASST. SECRETARY WEITH, EMILY 1 N WAUKEGAN ROAD	Name Address City-State-Zip: Title Name	KLINTWORTH, WAYNE 1 N WAUKEGAN ROAD NORTH CHICAGO IL 60064 VP SHINDLER, MARTIN

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: LINDSEY BRISTOW

VICE PRESIDENT

05/01/2021 Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED