**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 14, 2017**
**Secretary of State**
**CC7830172557**

DOCUMENT# F09000005062

**Entity Name:** SPARTAN SOLUTIONS, INC.

**Current Principal Place of Business:**

2785 SUMMER OAKS DRIVE
SUITE 102
BARTLETT, TN 38134

**Current Mailing Address:**

2785 SUMMER OAKS DRIVE
SUITE 102
BARTLETT, TN 38134 US

**FEI Number: 20-2128864**

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 | P |
| Name | PARASA, VIKRAM |
| Address | 2785 SUMMER OAKS DRIVE<br>SUITE 102 |
| City-State-Zip: | BARTLETT TN 38134 |

| | |
|---|---|
| Title | VP |
| Name | VELIVELLI, RADHIKA |
| Address | 8245 VARDON LANE #301 |
| City-State-Zip: | CORDOVA TN 38016 |

| | |
|---|---|
| Title | S |
| Name | PETERS, TRACY |
| Address | 2851 STAGE VILLAGE COVE, SUITE 22 |
| City-State-Zip: | BARTLETT TN 38134 |

*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: TRACY PETERS 03/14/2017

Electronic Signature of Signing Officer/Director Detail — Date