

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004730

**Entity Name:** LIVING COMPLETE TECHNOLOGIES, INC.

**Current Principal Place of Business:**

37 THURBER BLVD.  
SUITE 108  
SMITHFIELD, RI 02917

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC6007342994**

**Current Mailing Address:**

7550 TEAGUE ROAD  
SUITE 500  
HANOVER, MD 21076 US

**FEI Number: 02-0581429**

**Certificate of Status Desired: No**

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

CT 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 DIRECTOR  
Name PENCZEK, RONALD WILLIAM  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY  
Name KIEFER, KATHLEEN SUSAN  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name KRETSCHMER, ROBERT DAVID  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER  
Name NOBLE, ERIC RICK  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY  
Name WAGNER, JAY HARRY  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name COLTON, JENNY ELLEN  
Address 823 CONGRESS AVENUE  
City-State-Zip: AUSTIN TX 78701

*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: KATHLEEN S. KIEFER**

**SECRETARY**

**04/27/2017**

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

\_\_\_\_\_  
Date