

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001352

Entity Name: ECOFLO SE, INC.

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

FEI Number: 52-1272359

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            PRESIDENT  
Name            ARAMBULA, JULIA  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            SECRETARY  
Name            MCKEON, LAUREN  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            TREASURER  
Name            BOYD, CALVIN R.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP, ASSISTANT SECRETARY  
Name            WILHOIT, ADRIENNE W.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP, ASSISTANT SECRETARY  
Name            NICKERSON, JOHN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP, ASSISTANT SECRETARY  
Name            KASARJIAN, ASHLEY  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            KANG, RICHARD D.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title            VP  
Name            MACALUSO, JAMES M.  
Address        6 SHIRE DRIVE  
City-State-Zip: NORFOLK MA 02056

**Continues on page 2**

*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: LAUREN MCKEON

SECRETARY

04/21/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, TAX  
Name FOCAZIO, LAWRENCE D.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR  
Name CARLSEN, ELYSE M.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054