

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002329

Entity Name: ARISTA MOLECULAR, INC.**Current Principal Place of Business:**2075 CORTE DEL NOGAL, SUITE G
CARLSBAD, CA 92011**Current Mailing Address:**2075 CORTE DEL NOGAL, SUITE G
CARLSBAD, CA 92011 US**FEI Number:** 20-8786944**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 DIRECTOR
Name BOUDA,, CHRISTOPHER
Address 2075 CORTE DEL NOGAL, SUITE G
City-State-Zip: CARLSBAD CA 92011

Title PRESIDENT
Name BOUDA,, CHRISTOPHER
Address 2075 CORTE DEL NOGAL, SUITE G
City-State-Zip: CARLSBAD CA 92011

Title TREASURER, VP
Name MCFADEN, FRANK
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title VP, DIRECTOR
Name MCFADEN, FRANK
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title SECRETARY
Name O'REILLY, JAMES
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title VP
Name O'REILLY, JAMES
Address 2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip: WASHINGTON DC 20037

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: FRANK MCFADEN**VICE PRESIDENT****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date