## 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000191

Entity Name: WEX INC.

### **Current Principal Place of Business:**

1 HANCOCK STREET PORTLAND, ME 04101

## **Current Mailing Address:**

97 DARLING AVENUE SOUTH PORTLAND, ME 04106 US

## FEI Number: 01-0526993

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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	CHAIRMAN, PRESIDENT, CEO	Title	PRESIDENT
Name	SMITH, MELISSA D	Name	DEARBORN, JOEL
Address	97 DARLING AVENUE	Address	1 HANCOCK STREET
City-State-Zip:	SOUTH PORTLAND ME 04106	City-State-Zip:	PORTLAND ME 04101
Title	SECRETARY	Title	DIRECTOR
Name	RAPKIN, HILARY A.	Name	NEARY, JAMES
Address	1 HANCOCK STREET	Address	1 HANCOCK STREET
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	PORTLAND ME 04101
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR CALLAHAN, DON	Title Name	DIRECTOR SOMMER, REGINA O
Name Address	CALLAHAN, DON	Name	SOMMER, REGINA O 225 GORHAM ROAD
Name Address City-State-Zip:	CALLAHAN, DON 1 HANCOCK STREET PORTLAND ME 04101	Name Address	SOMMER, REGINA O 225 GORHAM ROAD
Name Address City-State-Zip: Title	CALLAHAN, DON 1 HANCOCK STREET PORTLAND ME 04101 DIRECTOR	Name Address City-State-Zip:	SOMMER, REGINA O 225 GORHAM ROAD SOUTH PORTLAND ME 04106
Name Address City-State-Zip: Title Name	CALLAHAN, DON 1 HANCOCK STREET PORTLAND ME 04101 DIRECTOR GHOSH, SHIKHAR	Name Address City-State-Zip: Title	SOMMER, REGINA O 225 GORHAM ROAD SOUTH PORTLAND ME 04106 DIRECTOR
Name Address City-State-Zip: Title	CALLAHAN, DON 1 HANCOCK STREET PORTLAND ME 04101 DIRECTOR GHOSH, SHIKHAR 225 GORHAM ROAD	Name Address City-State-Zip: Title Name	SOMMER, REGINA O 225 GORHAM ROAD SOUTH PORTLAND ME 04106 DIRECTOR BACHMAN, JOHN E. 225 GORHAM ROAD

## 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: HILARY A. RAPKIN

SECRETARY

04/23/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title
Name	SMITH, STEPHEN	Name
Address	1 HANCOCK STREET	Address
City-State-Zip:	PORTLAND ME 04101	City-State
Title	DIRECTOR	Title
Name	GROCH, JIM	Name
Address	1 HANCOCK STREET	Address
City-State-Zip:	PORTLAND ME 04101	City-State
Title	TREASURER	
Name	THOMAS, MICHAEL E.	
Address	1 HANCOCK STREET	

City-State-Zip: PORTLAND ME 04101

Title	DIRECTOR
Name	SOBBOTT, SUSAN
Address	1 HANCOCK STREET
City-State-Zip:	PORTLAND ME 04101
Title	CFO
Title Name	CFO SIMON, ROBERTO
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