

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001399

Entity Name: TRIMEDX, INC.

Current Principal Place of Business:

5451 LAKEVIEW PARKWAY S. DRIVE
INDIANAPOLIS, IN 46268

Current Mailing Address:

5451 LAKEVIEW PARKWAY S. DRIVE
INDIANAPOLIS, IN 46268

FEI Number: 46-0563336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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 SENIOR VP, GENERAL COUNSEL,
DIRECTOR, SECRETARY
Name FISHER, ART
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title CHIEF FINANCIAL OFFICER
(TREASURER), DIRECTOR
Name DUNKERLEY, CHRIS
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title CEO, PRESIDENT
Name HUMMEL, HENRY
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title EXECUTIVE VICE PRESIDENT -
OPERATIONS, DIRECTOR
Name KHAN, JAY
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

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: ART FISHER

SENIOR VP, GENERAL
COUNSEL, DIRECTOR,
SECRETARY

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date