

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001936

**Entity Name:** CASE RESTORATION CO.

**Current Principal Place of Business:**

1115 POLK AVENUE  
NASHVILLE, TN 37210

**Current Mailing Address:**

1115 POLK AVENUE  
NASHVILLE, TN 37210 US

**FEI Number:** 26-1820110

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, SECRETARY, CHIEF  
                  LEGAL OFFICER  
Name           KRISTOFKO, MATTHEW  
Address       6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           DIRECTOR, CFO  
Name           FADEYI, ABI  
Address       6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           DIRECTOR, CHIEF ADMINISTRATIVE  
                  OFFICER  
Name           GARVER, TONY  
Address       6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           CHAIRMAN  
Name           JOHNSON, JEFFREY  
Address       6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

*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:** MATTHEW KRISTOFKO

**SECRETARY**

**04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date