

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005458

Entity Name: ORTHO ORGANIZERS, INC.**Current Principal Place of Business:**1822 ASTON AVENUE
CARLSBAD, CA 92008**Current Mailing Address:**135 DURYEA ROAD
MELVILLE, NY 11747 US**FEI Number:** 95-3626609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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	VPGM
Name	GUTTROFF, GEORGE W
Address	1822 ASTON AVENUE
City-State-Zip:	CARLSBAD CA 92008

Title	EVPD
Name	PALADINO, STEVEN
Address	135 DURYEA RD
City-State-Zip:	MELVILLE NY 11747

Title	EVPD
Name	MLOTEK, MARK E
Address	135 DURYEA RD
City-State-Zip:	MELVILLE NY 11747

Title	VPSD
Name	ETTINGER, MICHAEL S
Address	135 DURYEA RD
City-State-Zip:	MELVILLE NY 11747

Title	PRESIDENT
Name	BONDAFEDE, RUSSELL J.
Address	135 DURYEA ROAD
City-State-Zip:	MELVILLE NY 11747

Title	EXEC VICE PRESIDENT
Name	SHOFF, LONNIE
Address	135 DURYEA ROAD
City-State-Zip:	MELVILLE NY 11747

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: MICHAEL S. ETTINGER**SECRETARY****04/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date