

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005458

**Entity Name:** ORTHO ORGANIZERS, INC.

**Current Principal Place of Business:**

1822 ASTON AVENUE  
CARLSBAD, CA 92008

**FILED**  
**May 14, 2015**  
**Secretary of State**  
**CC5367549023**

**Current Mailing Address:**

1822 ASTON AVENUE  
CARLSBAD, CA 92008

**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 P  
Name BONAFEDE, RUSSELL J  
Address 1822 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title VPGM  
Name GUTTROFF, GEORGE W  
Address 1822 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title EVP  
Name SHOFF, LONNIE  
Address 135 DURYE RD  
City-State-Zip: MELVILLE NY 11747

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

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

Title VPSD  
Name ETTINGER, MICHAEL S  
Address 135 DURYE RD  
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 ETTINGER

VPSD

05/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date