

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000981

**Entity Name:** THE REDWOODS GROUP, INC.

**Current Principal Place of Business:**

2801 SLATER ROAD  
SUITE 220  
MORRISVILLE, NC 27560

**Current Mailing Address:**

2801 SLATER ROAD  
SUITE 220  
MORRISVILLE, NC 27560 US

**FEI Number: 56-2087089**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           TREASURER  
Name           STAINBACK, KRYSTLE  
Address        2801 SLATER ROAD, SUITE 220  
City-State-Zip: MORRISVILLE NC 27560

Title           VP  
Name           TRAPANI, JENNIFER  
Address        2801 SLATER ROAD SUITE 220  
City-State-Zip: MORRISVILLE NC 27560

Title           DIRECTOR, CEO  
Name           TRAPANI, KEVIN  
Address        2801 SLATER RD SUITE 220  
City-State-Zip: MORRISVILLE NC 27560

Title           SECRETARY  
Name           KRAUS, JAMES V  
Address        305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title           DIRECTOR  
Name           ADEE, MARC J  
Address        305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title           PRESIDENT  
Name           HEDGES, GARETH  
Address        2801 SLATER ROAD  
                  SUITE 220  
City-State-Zip: MORRISVILLE NC 27560

Title           DIRECTOR  
Name           SLIMOWICZ, ANTHONY  
Address        2801 SLATER ROAD  
                  SUITE 220  
City-State-Zip: MORRISVILLE NC 27560

*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: KRYSTLE STAINBACK**

**TREASURER**

**02/28/2020**

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

\_\_\_\_\_  
Date