

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001663

Entity Name: IBOSS, INC.

**Current Principal Place of Business:**

101 FEDERAL ST  
23RD FLOOR  
BOSTON, MA 02110

**Current Mailing Address:**

101 FEDERAL ST  
23RD FLOOR  
BOSTON, MA 02110 US

FEI Number: 80-0700728

Certificate of Status Desired: No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name BETTIGOLE, KYLE  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name BLANK, GEORGE  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name FANZILLI, FRANK  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title TREASURER/CFO  
Name KASPER, CHRISTIAN G.  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name KERNS, STEPHEN  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name MARTINI, PETER  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title PRESIDENT  
Name MARTINI, PETER  
Address 101 FEDERAL ST  
23RD FLOOR  
City-State-Zip: BOSTON MA 02110

*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: CHRISTIAN G. KASPER

TREASURER/CFO

03/29/2019

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

\_\_\_\_\_  
Date