

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001840

Entity Name: CHEX SYSTEMS, INC.

Current Principal Place of Business:

347 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202

Current Mailing Address:

347 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202 US

FEI Number: 26-2926513

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 KELLER, CHARLES HARRISON
Address 347 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name LOWTHERS, JR., BRUCE F.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SCHULD, MARIA
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name WHYTE, RON
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name DAUGHTREY, VIRGINIA A.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CFO
Name WOODALL, JAMES W
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name THOMPSON, KATHLEEN TERESA
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CORPORATE SECRETARY
Name CURLEY JR., CHARLES R
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

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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: KELLER, CHARLES HARRISON

SECRETARY

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VASILEFF, ANN MARIA
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name CRAVEY, LYNN
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BRUN, TERE
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SHARMA, SATVIK
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204