2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000259

Entity Name: GREENWAY EHS, INC.

Current Principal Place of Business:

4301 W. BOY SCOUT BLVD.

STE. 800

TAMPA, FL 33607

Current Mailing Address:

4301 W. BOY SCOUT BLVD.

STE. 800

TAMPA FL 33607 US

FEI Number: 63-1151960 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

STE. 4000

Title DIRECTOR Title DIRECTOR

Name HICKEY, JAMES P Name ATKIN, RICHARD

Address 2 PRUDENT. PLZ, 180 N. STETSON, Address 4301 W BOY SCOUT BLVD

SUITE 800

City-State-Zip: CHICAGO IL 60601 City-State-Zip: TAMPA FL 33607

Title CEO Title SECRETARY

Name SARKER, PRATAP Name MULROE, KAREN

Address 4301 W BOY SCOUT BLVD Address 4301 W. BOY SCOUT BLVD.

SUITE 800 STE. 800

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title CFO Title DIRECTOR

Name LANGO, TOM Name SARKER, PRATAP

Address 4301 W. BOY SCOUT BLVD. Address 4301 W. BOY SCOUT BLVD.

STE. 800 SUITE 800

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title EXECUTIVE CHAIRMAN

Name RICHARD, ATKIN

Address 4301 W. BOY SCOUT BLVD.

STE. 800

City-State-Zip: TAMPA FL 33607

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: KAREN MULROE SECRETARY 05/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 02, 2023

Secretary of State

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