

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002171

**Entity Name:** GENOMIND, INC.**Current Principal Place of Business:**2200 RENAISSANCE BLVD., SUITE 100  
KING OF PRUSSIA, PA 19406**Current Mailing Address:**2200 RENAISSANCE BLVD., SUITE 100  
KING OF PRUSSIA, PA 19406**FEI Number:** 46-5193717**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 :**

Title	CEO, DIRECTOR
Name	O'BRIEN, SHAWN
Address	2200 RENAISSANCE BLVD., SUITE 100

City-State-Zip: KING OF PRUSSIA PA 19406

Title	DIRECTOR
Name	CHADWICK, JOHN
Address	2200 RENAISSANCE BLVD., SUITE 100

City-State-Zip: KING OF PRUSSIA PA 19406

Title	DIRECTOR
Name	LUCAS, BRAD
Address	2200 RENAISSANCE BLVD., SUITE 100

City-State-Zip: KING OF PRUSSIA PA 19406

Title	PRESIDENT
Name	OLMSTEAD, KIP
Address	2200 RENAISSANCE BLVD., SUITE 100

City-State-Zip: KING OF PRUSSIA PA 19406

Title	DIRECTOR
Name	SEXTON, THERESA
Address	2200 RENAISSANCE BLVD., SUITE 100

City-State-Zip: KING OF PRUSSIA PA 19406

Title	DIRECTOR
Name	ANTON, JOSEPH
Address	2200 RENAISSANCE BLVD., SUITE 100

City-State-Zip: KING OF PRUSSIA PA 19406

*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:** KIP OLMSTEAD**PRESIDENT****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date