

**2024 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  
Name            O'BRIEN, SHAWN  
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            CHADWICK, JOHN  
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            LUCAS, BRAD  
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

Title            SECRETARY, DIRECTOR  
Name            MAHONEY SR., TOM  
Address        2200 RENAISSANCE BLVD., SUITE 100  
  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            CEO, DIRECTOR  
Name            O'BRIEN, SHAWN  
Address        2200 RENAISSANCE BLVD., SUITE 100  
  
City-State-Zip: KING OF PRUSSIA PA 19406

**Continues on page 2**

*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:** BILL BROWN

**CHIEF EXECUTIVE  
OFFICER**

**04/19/2024**

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title CEO  
Name BROWN, BILL  
Address 2200 RENAISSANCE BLVD., SUITE 100  
City-State-Zip: KING OF PRUSSIA PA 19406