# 2022 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

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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

### Officer/Director Detail :

Title	CEO, DIRECTOR	Title	PRESIDENT	
Name	O'BRIEN, SHAWN	Name	OLMSTEAD, KIP	
Address	2200 RENAISSANCE BLVD., SUITE 100	Address	2200 RENAISSANCE BLVD., SUITE 100	
City-State-Zip:	KING OF PRUSSIA PA 19406	City-State-Zip:	KING OF PRUSSIA PA 19406	
Title	DIRECTOR	Title	DIRECTOR	
Name	CHADWICK, JOHN	Name	SEXTON, THERESA	
Address	2200 RENAISSANCE BLVD., SUITE 100	Address	2200 RENAISSANCE BLVD., SUITE 100	
City-State-Zip:	KING OF PRUSSIA PA 19406	City-State-Zip:	KING OF PRUSSIA PA 19406	
Title	DIRECTOR	Title	DIRECTOR	
Name	LUCAS, BRAD	Name	ANTON, JOSEPH	
Address	2200 RENAISSANCE BLVD., SUITE 100	Address	2200 RENAISSANCE BLVD., SUITE 100	
City-State-Zip:	KING OF PRUSSIA PA 19406	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

04/24/2022

Date

Electronic Signature of Signing Officer/Director Detail