

2021 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 CFO
Name HESS, THOMAS
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

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: THOMAS HESS

CFO

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date