2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2024
Secretary of State
8377497061CC

DOCUMENT# F15000002397

Entity Name: GRAVIE, INC.

Current Principal Place of Business:

10 NE 2ND ST STE 300
MINNEAPOLIS, MN 55413

Current Mailing Address:

10 NE 2ND ST STE 300
MINNEAPOLIS, MN 55413 US

FEI Number: 46-2944277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	SEN, ABIR
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	CFO, TREASURER
Name	MARENTETTE, CHARLES
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	VP
Name	SIMMONS, BENJAMIN
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	JANI, AMISH
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	COO, PRESIDENT
Name	CIOLKO, MAREK
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	SECRETARY
Name	SCHOTT, SARAH
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	VP
Name	SPARTZ, AMY
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	KAUSHAL, MOHIT
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

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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: MAREK CIOLKO PRESIDENT 05/07/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GORMAN, MICHAEL
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	BABER, TYSON
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	PAULUS, KENNETH
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	SCHERBAKOVSKY, ALEX
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	REESE, JON MICHAEL
Address	10 NE 2ND ST STE 300
City-State-Zip:	MINNEAPOLIS MN 55413