

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003886

Entity Name: CIRCONUS, INC.

Current Principal Place of Business:

40 LLOYD AVE
SUITE 306 SUITE 120
MALVERN, PA 19355

Current Mailing Address:

40 LLOYD AVE
SUITE 306 SUITE 120
MALVERN, PA 19355 US

FEI Number: 27-1618174

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 SECRETARY, TREASURER
Name DINAN, BRIAN
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

Title CEO
Name MOUL, ROBERT
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name ARRAS, JOANNA
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name SCHLOSSNAGLE III, GEORGE
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name KIM, BRIAN
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name MOUL, ROBERT
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name DRAHMS, DAVID
Address 40 LLOYD AVE
SUITE 306 SUITE 120
City-State-Zip: MALVERN PA 19355

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: BRIAN DINAN

SECRETARY

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date