

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003969

**Entity Name:** OLIVE AI, INC.

**Current Principal Place of Business:**

99 EAST MAIN STREET  
COLUMBUS, OH 43215

**Current Mailing Address:**

99 EAST MAIN STREET  
COLUMBUS, OH 43215 US

**FEI Number:** 46-4455633

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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:** BILL HAVRE, SECRETARY

03/02/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN  
Name            LANE, SEAN  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            SECRETARY  
Name            WANLESS, BROCK  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            TREASURER  
Name            BYRD, ALI  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            OLSEN, CHRISTOPHER  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            AGUS, DAVID  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            BARRETT, GEORGE  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            KUEPLER, JOHN  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            WALKER, KUMI  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215

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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:** BROCK WANLESS

SECRETARY

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PAULUS, RON  
Address        99 EAST MAIN STREET  
City-State-Zip: COLUMBUS OH 43215