

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000217

**Entity Name:** PCM FL, INC.

**Current Principal Place of Business:**

2701 E. INSIGHT WAY  
CHANDLER, AZ 85286

**Current Mailing Address:**

2701 E. INSIGHT WAY  
CHANDLER, AZ 85286 US

**FEI Number:** 95-4518700

**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            PRESIDENT, CEO, DIRECTOR  
Name            MULLEN , JOYCE  
Address        2701 E. INSIGHT WAY  
City-State-Zip: CHANDLER AZ 85286

Title            SECRETARY  
Name            COWLEY, SAMUEL C.  
Address        2701 E. INSIGHT WAY  
City-State-Zip: CHANDLER AZ 85286

Title            TREASURER  
Name            WILLDEN, LYNN  
Address        2701 E. INSIGHT WAY  
City-State-Zip: CHANDLER AZ 85286

Title            DIRECTOR  
Name            BRYAN, GLYNIS A.  
Address        2701 E. INSIGHT WAY  
City-State-Zip: CHANDLER AZ 85286

Title            ASSISTANT SECRETARY  
Name            STEINHEISER, LISANNE  
Address        2701 E. INSIGHT WAY  
City-State-Zip: CHANDLER AZ 85286

*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:** LISANNE STEINHEISER

**ASSISTANT SECRETARY    03/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date