

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000988

Entity Name: SEQIRUS INC.

Current Principal Place of Business:

475 GREEN OAKS PARKWAY
HOLLY SPRINGS, NC 27540

Current Mailing Address:

475 GREEN OAKS PARKWAY
HOLLY SPRINGS, NC 27540 US

FEI Number: 47-4197300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name LOMAS, JACQUI
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title TREASURER
Name PARSKE, PAUL
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title SECRETARY
Name PURYEAR, MELISSA
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title DIRECTOR
Name SETTEMBRE, ETHAN
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title DIRECTOR
Name KEGERISE, JONATHAN
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title PRESIDENT
Name KEGERISE, JONATHAN
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title VP
Name BUCKOSKI, MAYUMI
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

Title ASSISTANT CORPORATE
Name GIBBS, SHAWN
Address 475 GREEN OAKS PARKWAY
City-State-Zip: HOLLY SPRINGS NC 27540

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: SHAWN GIBBS

**ASSISTANT CORPORATE 04/09/2024
SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date