

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F16000001204

Entity Name: MUTUALINK, INC.

Current Principal Place of Business:

1269 SOUTH BROAD STREET
WALLINGFORD, CT 06492

Current Mailing Address:

1269 SOUTH BROAD STREET
WALLINGFORD, CT 06492 US

FEI Number: 14-1999711

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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, DIRECTOR
Name HATTEN, MARK
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title DIRECTOR, PRESIDENT
Name MAZZARELLA, JOE
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title SECRETARY
Name DWYER, ALINE
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title TREASURER
Name SCHULTZ, GLENN
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title ASST. SECRETARY
Name HANNIGAN, DAWN
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title DIRECTOR
Name MERZ, KENNETH W.
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title SVP, ENGINEERING
Name PILLAI, REVATHI
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title CTO
Name BOUCHER, JOE
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

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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: ALINE DWYER

SECRETARY

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CXO
Name COON-SANDERS, CHRISSIE
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title SVP, CHIEF PRODUCT OFFICER
Name DAVULURI, GANESH
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title DIRECTOR
Name ONEGLIA, RAYMOND
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title VP, BUSINESS DEVELOPMENT
Name LIEMKUHNER, WILLIAM
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title SVP, CHIEF GROWTH OFFICER
Name GUTHRIE, MARK
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title VP, OPERATIONS
Name VINCELETTE, WILLIAM
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title VP, FINANCE
Name TOMKALSKI, MARK W.
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492

Title CFO
Name MANGAN, MICHAEL F.
Address 1269 SOUTH BROAD STREET
City-State-Zip: WALLINGFORD CT 06492