

**2021 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F16000005633

**Entity Name:** ROGERS MASSACHUSETTS CORPORATION

**Current Principal Place of Business:**

2225 W. CHANDLER BLVD.  
CHANDLER, AZ 85224

**Current Mailing Address:**

2225 W. CHANDLER BLVD.  
CHANDLER, AZ 85224 US

**FEI Number:** 06-0513860

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** LINDSEY COOKE

05/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HOECHNER, BRUCE  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            SECRETARY  
Name            KNOLL, JAY B.  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            TREASURER  
Name            LUDWIG, MICHAEL M.  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            DIRECTOR  
Name            BARNES, KEITH  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            DIRECTOR  
Name            BARRY, MICHAEL F.  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            DIRECTOR  
Name            JENSEN, CAROL R.  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            DIRECTOR  
Name            MOORTHY, GANESH  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title            DIRECTOR  
Name            OWENS, JEFFREY J  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

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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:** JAY B. KNOLL

**SECRETARY**

05/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SIMONET, HELENE  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224

Title           DIRECTOR  
Name           WALLACE, PETER C.  
Address        2225 W. CHANDLER BLVD.  
City-State-Zip: CHANDLER AZ 85224