

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002483

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**3625417851CC**

**Entity Name:** APTIM CORP.

**Current Principal Place of Business:**

1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
BATON ROUGE, LA 70802

**Current Mailing Address:**

1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
BATON ROUGE, LA 70802 US

**FEI Number:** 82-0889816

**Certificate of Status Desired:** No

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

C T 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 P, CEO, D  
Name FALLON, MARK  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title D  
Name MIDDLETON, MATTHEW  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title D  
Name MUSALLAM, RAMZI M  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title S  
Name PHILLIPS, MARGARET  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title TREASURER  
Name LOWE, BRADLEY  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title ASST. SECRETARY  
Name BASS, WADE  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title CFO  
Name GRANT, JON  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title DIRECTOR  
Name KRISHNANA, ANEAL  
Address 1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

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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:** WADE BASS

**SECRETARY**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            POLK, BENJAMIN  
Address        1200 BRICKYARD LANE  
                  ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802