

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002483

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

Continues on page 2

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

ASSISTANT SECRETARY 05/01/2023

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