2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002987

Entity Name: SPARTAN INFRASTRUCTURE, INC.

Current Principal Place of Business:

6644 E THOMAS RD, SUITE 102

MESA, AZ 85215

Current Mailing Address:

6644 E THOMAS RD, SUITE 102 MESA. AZ 85215 US

FEI Number: 83-0567955 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

Officer/Director Detail:

Title CFO Title OFFICER

Name SCHMITZ, ANDREAS Name SCHMITZ, ANDREAS

Address 6644 E THOMAS RD, SUITE 102 Address 6644 E THOMAS RD, SUITE 102

City-State-Zip: MESA AZ 85215 City-State-Zip: MESA AZ 85215

Title SECRETARY Title TREASURER

Name SCHMITZ, ANDREAS Name SCHMITZ, ANDREAS

Address 6644 E THOMAS RD, SUITE 102 Address 6644 E THOMAS RD, SUITE 102

City-State-Zip: MESA AZ 85215 City-State-Zip: MESA AZ 85215

Title CHAIRMAN Title OFFICER

Name MASLONKA, CASEY Name MASLONKA, CASEY

Address 6644 E THOMAS RD, SUITE 102 Address 6644 E THOMAS RD, SUITE 102

City-State-Zip: MESA AZ 85215 City-State-Zip: MESA AZ 85215

Title PRESIDENT Title DIRECTOR

Name MASLONKA, CASEY Name MASLONKA, MARTIN

Address 6644 E THOMAS RD, SUITE 102 Address PO BOX 740

City-State-Zip: MESA AZ 85215 City-State-Zip: ZEPHYR COVE NV 89448

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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: ANDREAS SCHMITZ CFO 04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 27, 2024

Secretary of State

7907538563CC

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MASLONKA, JON Name CAMPBELL, JUSTIN

Address 6644 E THOMAS RD, SUITE 102 Address 605 N 393 #5

City-State-Zip: MESA AZ 85215 City-State-Zip: SANTA ROSA BEACH FL 32459