

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000005175

**Entity Name:** CERITY SERVICES, INC.

**Current Principal Place of Business:**

2340 CORPORATE CIR  
SUITE 200  
HENDERSON, NV 89074

**Current Mailing Address:**

P.O. BOX 539003  
HENDERSON, NV 89053 US

**FEI Number: 83-0667758**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           PAQUETTE, MICHAEL S  
Address        2340 CORPORATE CIR  
                  SUITE 200  
City-State-Zip: HENDERSON NV 89074

Title           SECRETARY, DIRECTOR  
Name           BROWN, LORI A  
Address        2340 CORPORATE CIR  
                  SUITE 200  
City-State-Zip: HENDERSON NV 89074

Title           DIRECTOR  
Name           MCSALLY, MICHAEL J.  
Address        2340 CORPORATE CIR  
                  SUITE 200  
City-State-Zip: HENDERSON NV 89074

Title           PRESIDENT, DIRECTOR  
Name           ANTONELLO, KATHERINE H  
Address        2340 CORPORATE CIR  
                  SUITE 200  
City-State-Zip: HENDERSON NV 89074

Title           DIRECTOR  
Name           MUTSCHINK, JOHN M  
Address        2340 CORPORATE CIR  
                  SUITE 200  
City-State-Zip: HENDERSON NV 89074

*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: LORI A. BROWN**

**SECRETARY**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date