

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003759

**Entity Name:** BEST UPON REQUEST CORPORATE, INC.

**Current Principal Place of Business:**

8170 CORPORATE PARK DR.  
SUITE 300  
CINCINNATI, OH 45202

**Current Mailing Address:**

8170 CORPORATE PARK DR.  
SUITE 300  
CINCINNATI, OH 45202 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CT 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 CHAIRMAN OF THE BOARD  
Name LIMA, TILLIE HIDALGO  
Address 8170 CORPORATE PARK DR.  
SUITE 300  
City-State-Zip: CINCINNATI OH 45202

Title SECRETARY  
Name LIMA, TILLIE HIDALGO  
Address 8170 CORPORATE PARK DR.  
SUITE 300  
City-State-Zip: CINCINNATI OH 45202

Title TREASURER  
Name SCHANNE, KATIE  
Address 8170 CORPORATE PARK DR.  
SUITE 300  
City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT  
Name MILLS, WILLIAM  
Address 8170 CORPORATE PARK DR.  
SUITE 300  
City-State-Zip: CINCINNATI OH 45202

Title CEO  
Name LIMA, TILLIE HIDALGO  
Address 8170 CORPORATE PARK DR.  
SUITE 300  
City-State-Zip: CINCINNATI OH 45202

*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: KATIE SCHANNE**

**TREASURER**

**04/20/2021**

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

\_\_\_\_\_  
Date