

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004257

**Entity Name:** LYNKD, INC.

**Current Principal Place of Business:**

4001 LEADENHALL RD  
MOUNT LAUREL, NJ 08054

**Current Mailing Address:**

4001 LEADENHALL RD  
MOUNT LAUREL, NJ 08054 US

**FEI Number:** 84-2829075

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name           HORWITH, BRIAN K.  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           CHAIRMAN, DIRECTOR  
Name           ORTELL, CARL A.  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           DIRECTOR  
Name           CONROY, CHRISTOPHER G.  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           SECRETARY  
Name           WELLS, JAMES RUSSELL  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           DIRECTOR  
Name           HOLMAN, MELINDA K.  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           DIRECTOR  
Name           CARISS, WILLIAM J.  
Address        4001 LEADENHALL RD  
City-State-Zip: MOUNT LAUREL NJ 08054

*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:** JAMES RUSSELL WELLS

**SECRETARY**

**03/06/2024**

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

\_\_\_\_\_  
Date