

2023 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 VP, DIRECTOR
Name HURREN, CHRISTOPHER
Address 4001 LEADENHALL RD
City-State-Zip: MOUNT LAUREL NJ 08054

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

Title TREASURER
Name HORWITH, BRIAN K.
Address 4001 LEADENHALL RD
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR, SECRETARY
Name MULLIN, KATHERINE A.
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 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

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: MULLIN , KATHERINE A.

SECRETARY

03/16/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date