

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004919

**Entity Name:** NATIONWIDE CONTROLS, INC.**Current Principal Place of Business:**915 W. IMPERIAL HWY., SUITE 160  
BREA, CA 92821**Current Mailing Address:**915 W. IMPERIAL HWY., SUITE 160  
BREA, CA 92821 US**FEI Number:** 27-1906880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            PRESIDENT  
Name           MONTELEONE, SARAH  
Address        915 W. IMPERIAL HWY., SUITE 160  
City-State-Zip: BREA CA 92821

Title            CFO, DIRECTOR  
Name           SACKETT, MICHAEL  
Address        915 W IMPERIAL HWY  
                 SUITE 160  
City-State-Zip: BREA CA 92821

Title            DIRECTOR  
Name           WHITE, BOB  
Address        5138 LILIUM DR  
City-State-Zip: PLAINFIELD IN 46168

Title            DIRECTOR  
Name           DAUSHCER, MATTHEW  
Address        1277 MILITARY RD  
City-State-Zip: BUFFALO NY 14217

Title            SECRETARY, DIRECTOR  
Name           DALY, CHRIS  
Address        345 19TH STREET NORTH  
City-State-Zip: FARGO ND 58102

Title            DIRECTOR  
Name           SUSKIE, DAVID  
Address        4 MCNISH WAY  
City-State-Zip: WEST CALDWELL NJ 07006

Title            DIRECTOR  
Name           CHANDLER, JOSEPH  
Address        NINE UNION HILL ROAD  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title            DIRECTOR  
Name           PORTE, DOMINIC  
Address        915 W. IMPERIAL HWY., SUITE 160  
City-State-Zip: BREA CA 92821

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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: MICHAEL SACKETT****CFO****03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BARRETT, GAVIN
Address	2693 STEELES AVE W.
City-State-Zip:	TORONTO ON M3J 2Z8