

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000234

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**2301246949CC**

**Entity Name:** ACOSTA INC.

**Current Principal Place of Business:**

6600 CORPORATE CENTER PARKWAY  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6600 CORPORATE CENTER PARKWAY  
JACKSONVILLE, FL 32216 US

**FEI Number:** 84-3954764

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 DIR/CHIEF EXECUTIVE OFFICER  
Name PICKETT, DARIAN  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title SEC/CHIEF LEGAL OFFICE  
Name JOHNSON, TODD C  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title SENIOR VP/FINANCIAL ACCOUNTING AND REPORTING  
Name ATKINSON, MARTIN  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT, CEO, DIRECTOR  
Name WYNNE, BRIAN  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title CHIEF ACCOUNTING OFFICER  
Name TAYLOR, TODD  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title CFO  
Name KING, TODD  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name MILLER, DAVE  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name CAMPORIN, AUSTIN  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

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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:** MARTIN ATKINSON

**SVP & CONTROLLER**

**04/14/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRANT, JEREMY  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name GROSS, MARK  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name COHEN, MICHAEL  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name CRAFTON, JR., JOE R.  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name LAMONTAGNE, GRANT  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name VAZALES, KAJ  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name ALI, MURTAZA  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name HARTSIG, JOE  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216