

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002076

Entity Name: COLLATERAL RISK NETWORK, INC.**Current Principal Place of Business:**700 COCONUT AVE
445
SARASOTA, FL 34236**Current Mailing Address:**700 COCONUT AVE
445
SARASOTA, FL 34236 US**FEI Number:** 84-3493409**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRICE, JOAN
700 COCONUT AVE
UNIT 445
SARASOTA, FL 34236 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	CP
Name	TRICE, JOAN
Address	700 COCONUT AVE 445
City-State-Zip:	SARASOTA FL 34236

Title	S
Name	BREDEMEYER, JOHN
Address	268 NORTH 115TH ST.
City-State-Zip:	OMAHA NE 68154

Title	DVP
Name	DAVIS, BRAD
Address	4406 WELLINGTON SHORES DRIVE
City-State-Zip:	WELLINGTON FL 33449

Title	D
Name	HUMMEL, ALAN
Address	222 EAST LITTLE CANADA RD, STE:175
City-State-Zip:	ST. PAUL MN 55117

Title	D
Name	OWEN, KATHERINE
Address	26320 OAKFLAT DRIVE
City-State-Zip:	TEHACHAPI CA 93561

Title	D
Name	CONOLLY, CRISTY
Address	250 PINE AVE NORTH, SUITE:A
City-State-Zip:	OLDSMAR FL 34677

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: JOAN TRICE**PRESIDENT****02/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date