

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002896

**Entity Name:** PROTENUS, INC.

**Current Principal Place of Business:**

1629 THAMES ST STE 200  
BALTIMORE, MD 21231

**Current Mailing Address:**

P.O. BOX 6198  
BALTIMORE, MD 21231

**FEI Number: 38-3923513**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 CHAIRMAN OF THE BOARD  
Name LORD, ROBERT  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR  
Name LIM, JON  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

Title PRESIDENT  
Name CULBERTSON, NICHOLAS  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR  
Name OTTERSTATTER, JON  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR  
Name BRASCH, SAM  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR  
Name MICHAEL, EDWARD  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR  
Name KESSELHEIM, JARED  
Address 1629 THAMES ST STE 200  
City-State-Zip: BALTIMORE MD 21231

*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: NICHOLAS CULBERTSON**

**PRESIDENT**

**04/10/2023**

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

\_\_\_\_\_  
Date