

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000003990

**Entity Name:** WHOLESale CARRIER SERVICES, INC.

**Current Principal Place of Business:**

12350 NW 39TH ST., STE. 200  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12350 NW 39TH ST., STE. 200  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 65-0667666

**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 PDS  
Name KORNMANN, BRIAN R  
Address 295 MADISON AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECOT AND VICE PRESIDENT  
Name DUNN, ROBERT C  
Address 295 MADISON AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title D  
Name AHEARN, FRANCIX X  
Address 295 MADISON AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VPD  
Name KLEIN, JESSE  
Address 295 MADISON AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title D  
Name CUNNINGHAM, JOHN P  
Address 295 MADISON AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title CEO AND DIRECTOR  
Name BLOSS, GEOFFREY  
Address 295 MADISON AVE., 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name STEWART, ANDREW  
Address 295 MADISON AVENUE, FL. 5  
City-State-Zip: NEW YORK NY 10017

Title TREASURER  
Name BOROW, ELIZABETH R  
Address 295 MADISON AVENUE, FL. 5,  
City-State-Zip: NEW YORK NY 10017

**Continues on page 2**

*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:** DOUGLAS FECHTER

**CFO**

**01/14/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name PROHASKA, JORDAN  
Address 295 MADISON AVENUE, FL. 5  
City-State-Zip: NEW YORK NY 10017

Title CFO  
Name FECHTER, DOUGLAS  
Address 295 MADISON AVENUE, FL. 5  
City-State-Zip: NEW YORK NY 10017