

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000003012

Entity Name: WAUSM LIMITED CORP.

Current Principal Place of Business:

2 BROAD STREET, SUITE 303
BLOOMFIELD, NJ 07003

Current Mailing Address:

2 BROAD STREET, SUITE 303
BLOOMFIELD, NJ 07003 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: ABBIE HODGE

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name GOETZ, PETER
Address 5480 SW 17TH STREET
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT
Name FLAHERTY, JOE DR.
Address 9 ISLAND AVENUE, #2001
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name SHEPHERD, THOMAS DR.
Address 13928 RIVER ROAD, UNIT 503
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name EVANS, MARCHETA DR.
Address 467 FRANKLIN STREET
City-State-Zip: BLOOMFIELD NJ 07003

Title D
Name NATHAN, DANIEL
Address 3833 ENFIELD AVENUE
City-State-Zip: SKOKIE IL 60076

Title CHAIRMAN
Name COLGAN, WILLIAM J.
Address 2 BROAD STREET, 4TH FLOOR
City-State-Zip: BLOOMFIELD NJ 07003

Title SECRETARY
Name ROSEFSKY, STEVEN M.
Address 2 BROAD STREET, 4TH FLOOR
City-State-Zip: BLOOMFIELD NJ 07003

Title DIRECTOR
Name PETERSON, MARGARET DR.
Address 12155 MESQUITE STREET
City-State-Zip: OAK HILLS CA 92344

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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: WILLIAM J. COLGAN

CHAIRMAN

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BETHEL, MARCUS DR.
Address 19 SPANISH MAIN DRIVE
City-State-Zip: FREEPORT, GRAND BAHAMA OC

Title EXECUTIVE DEAN
Name WALES, PAULA DR.
Address 1106 E 82ND ST
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name JOHNSON, PANDORA DR.
Address P. O. BOX N-4540
NASSAU, NEW PROVIDENCE
City-State-Zip: THE BAHAMAS OC