

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