

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000006325

Entity Name: CRISIS24, INC.**Current Principal Place of Business:**185 ADMIRAL COCHRANE DRIVE STE 300
ANNAPOLIS, MD 21401**Current Mailing Address:**185 ADMIRAL COCHRANE DRIVE STE 300
ANNAPOLIS, MD 21401 US**FEI Number:** 52-2251242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	DIRECTOR
Name	SÉGUIN, PIERRE-HUBERT
Address	185 ADMIRAL COCHRANE DRIVE, STE 300
City-State-Zip:	ANNAPOLIS MD 21401

Title	CFO
Name	OWEN, ALEX
Address	185 ADMIRAL COCHRANE DRIVE STE 300
City-State-Zip:	ANNAPOLIS MD 21401

Title	TREASURER
Name	DINSMORE, ANNMARIE
Address	185 ADMIRAL COCHRANE DRIVE STE 300
City-State-Zip:	ANNAPOLIS MD 21401

Title	PRESIDENT
Name	DORDAL, PETE JR.
Address	185 ADMIRAL COCHRANE DRIVE STE 300
City-State-Zip:	ANNAPOLIS MD 21401

Title	SECRETARY
Name	SEGUIN, PIERRE-HUBERT
Address	185 ADMIRAL COCHRANE DRIVE STE 300
City-State-Zip:	ANNAPOLIS MD 21401

Title	DIRECTOR
Name	PRINCE, PATRICK
Address	185 ADMIRAL COCHRANE DRIVE STE 300
City-State-Zip:	ANNAPOLIS MD 21401

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: DINSMORE , ANNMARIE**TREASURER****02/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date