

**2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F92000000263

**Entity Name:** ROBINS & MORTON CORPORATION

**Current Principal Place of Business:**

400 SHADES CREEK PARKWAY  
BIRMINGHAM, AL 35209

**Current Mailing Address:**

400 SHADES CREEK PARKWAY  
BIRMINGHAM, AL 35209 US

**FEI Number:** 63-1076742

**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 CFO  
Name LEAVER, BEN  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR  
Name SAVAGE, ROBIN  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR  
Name MORTON, BILL  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name LEAVER, BEN  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title SECRETARY  
Name LEAVER, BEN  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title PRESIDENT  
Name SAVAGE, ROBIN  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title CEO  
Name MORTON, BILL  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name COMER, AIMEE  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

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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:** BILL MORTON

**CEO**

**05/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name MYERS, GLENN  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name GREGG, DEREK  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name ADAMS, BRUCE  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name PALOMBO, JEFF  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name WALL, BOB  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name WILLIAMS, DONNY  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name THOMPSON, MIKE  
Address 400 SHADES CREEK PARKWAY  
City-State-Zip: BIRMINGHAM AL 35209