

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92000000881

**Entity Name:** MIPOD, INC.

**Current Principal Place of Business:**

1700 W. HIGGINS ROAD  
SUITE 280  
DES PLAINES, IL 60018

**Current Mailing Address:**

225 WEST ILLINOIS STREET  
SUITE 450  
CHICAGO, IL 60654

**FEI Number:** 36-3043154

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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	PRESIDENT
Name	PODOLSKY, RANDY D
Address	1700 W. HIGGINS ROAD SUITE 280
City-State-Zip:	DES PLAINES IL 60018
Title	SECRETARY AND TREASURER
Name	PODOLSKY, BONNIE L
Address	225 WEST ILLINOIS STREET SUITE 450
City-State-Zip:	CHICAGO IL 60654

Title	DIRECTOR AND VP
Name	PODOLSKY, STEVEN H
Address	1700 W. HIGGINS ROAD SUITE 280
City-State-Zip:	DES PLAINES IL 60018
Title	SECRETARY
Name	GALBRAITH, GENINE
Address	225 WEST ILLINOIS STREET SUITE 450
City-State-Zip:	CHICAGO IL 60654

*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:** GENINE GALBRAITH

**SECRETARY**

**03/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date