

2020 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.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	225 W. ILLINOIS STREET SUITE 450
City-State-Zip:	CHICAGO IL 60654
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	225 W. ILLINOIS STREET SUITE 450
City-State-Zip:	CHICAGO IL 60654
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****03/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date