

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001689

Entity Name: WEATHER SERVICES INTERNATIONAL, INC.**Current Principal Place of Business:**400 MINUTEMAN ROAD
ANDOVER, MA 01810**Current Mailing Address:**71 S. WACKER DRIVE
7TH FLOOR
CHICAGO, IL 60606 US**FEI Number:** 04-2661930**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 ASST. TREASURER
Name MAXWELL, PENELOPE
Address 1 NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title ASST. TREASURER
Name HOBBERT, MARK
Address 1 NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title T
Name BEAUMONT, SIMON J
Address 1 NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title SECRETARY
Name DOTSON, JERALD
Address 1001 PERIMETER SUMMIT BLVD. NE
City-State-Zip: BROOKHAVE GA 30319

Title P
Name CLAYTON, CAMERON
Address 1001 PERIMETER SUMMIT BLVD.
City-State-Zip: BROOKHAVEN GA 30319

Title VP, TAX
Name BOEHRINGER, LAURA
Address ONE NORTH CASTLE DRIVE
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name COSMO, NISTA L
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name KEVIN, REARDON J.
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

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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: NANCY A. JOHNSON**ASSISTANT SECRETARY** 04/09/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name JOHNSON, NANCY A.
Address 71 S. WACKER DRIVE, 7TH FLOOR
City-State-Zip: CHICAO IL 60606

Title DIRECTOR
Name GOLDSTEIN, MARK
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504