

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29570

Entity Name: ROTH BROS., INC.

Current Principal Place of Business:

915 MEETING STREET
NORTH BETHESDA, MD 20852

Current Mailing Address:

PO BOX 352
BUFFALO, NY 14240

FEI Number: 34-0676951

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 DIRECTOR
Name PICCIRILLO, ANGELO
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VP
Name WOOLBRIGHT JACKSON, JENNIFER
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VP, DIRECTOR
Name BAHETY, ROHIT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title SECRETARY
Name MCGLOCKTON, JOAN
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title TREASURER, VP
Name BLASS, MARC
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASST. TREASURER
Name BROCK, PAUL
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASST. SECRETARY
Name STEELE, GREG
Address 400 AIRBORNE PARKWAY
City-State-Zip: CHEEKTOWAGA NY 14225

Title PRESIDENT, DIRECTOR
Name MISTRY, SAROSH
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Continues on page 2

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: GREG STEELE

ASSISTANT SECRETARY 04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, ASST. SECRETARY
Name MORSE, TOM
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASST. SECRETARY
Name SCHWEICKERT, ROBERT
Address 400 AIRBORNE PARKWAY
City-State-Zip: CHEEKTOWAGA NY 14225