

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38212

Entity Name: PULSAFEEDER, INC.**Current Principal Place of Business:**PULSAFEEDER, INC.
2883 BRIGHTON-HENRIETTA TOWN LINE RD
ROCHESTER, NY 14263**Current Mailing Address:**PULSAFEEDER, INC.
2883 BRIGHTON-HENRIETTA TOWN LINE RD
ROCHESTER, NY 14263 US**FEI Number:** 36-3817998**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	VP, ASST. SECRETARY
Name	BOYD, CRAIG TROUPE
Address	PULSAFEEDER, INC. 2883 BRIGHTON-HENRIETTA TOWN LINE RD
City-State-Zip:	ROCHESTER NY 14263

Title	CHAIRMAN, DIRECTOR
Name	FINLEY, BRETT E.
Address	PULSAFEEDER, INC. 2883 BRIGHTON-HENRIETTA TOWN LINE RD
City-State-Zip:	ROCHESTER NY 14263

Title	VP, ASST. SECRETARY
Name	BLAKEMAN, SHAUN
Address	PULSAFEEDER, INC. 2883 BRIGHTON-HENRIETTA TOWN LINE RD
City-State-Zip:	ROCHESTER NY 14263

Title	PRESIDENT, DIRECTOR
Name	THOMAS , JACOB
Address	PULSAFEEDER, INC. 2883 BRIGHTON-HENRIETTA TOWN LINE RD
City-State-Zip:	ROCHESTER NY 14263

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: CRAIG TROUPE BOYD**ASSISTANT SECRETARY** 04/11/2015

Electronic Signature of Signing Officer/Director Detail

Date