

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739800

Entity Name: WORLDTEAM U.S.A., INC.**Current Principal Place of Business:**1431 STUCKERT ROAD
WARRINGTON, PA 18976**Current Mailing Address:**1431 STUCKERT ROAD
WARRINGTON, PA 18976 US**FEI Number:** 59-1759927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGSITERED AGENTS INC.
7901 4TH ST N
STE 300
ST PETERSBURG , FL 33702 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	CFO
Name	KUHNS, MARK
Address	162 LINDEN COURT SOUTH
City-State-Zip:	EMMAUS PA 18049

Title	PRESIDENT
Name	OESSENICH, KEVIN
Address	301 W FAIRVIEW AVE
City-State-Zip:	LANGHORNE PA 19047

Title	DIRECTOR
Name	CLOUGH, HOLLEY
Address	17243 FERNWOOD DRIVE
City-State-Zip:	LAKE OSWEGO OR 97034

Title	DIRECTOR
Name	FAIRCLOTH, DAVID
Address	15 EDGEWOOD ROAD
City-State-Zip:	YARDLEY PA 19067

Title	DIRECTOR
Name	PIRRONE, TOM
Address	113 BARBERRY COURT
City-State-Zip:	CHALFONT PA 18914

Title	CHAIRMAN
Name	NEWMAN, CYNTHIA
Address	218 FEDERAL CITY ROAD
City-State-Zip:	LAWRENCEVILLE NJ 08648

Title	DIRECTOR
Name	AIKINS, GREGORY
Address	175 NORTH SCHOOL LANE
City-State-Zip:	SOUDERTON PA 18964

Title	DIRECTOR
Name	BENCHENER, AMY
Address	2207 WHITE HORSE ROAD
City-State-Zip:	BERWYN PA 19312

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK KUHNS

CFO

03/03/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARACAPPA, JOSEPH
Address 107 ST ANDREWS PLACE
City-State-Zip: NEWTOWN PA 18940

Title DIRECTOR
Name ROBINSON, MIMSIE
Address 273-D WEST 136TH STREET
City-State-Zip: NEW YORK NY 10030

Title DIRECTOR
Name DELGADO, AUSTIN
Address 232 COLUMBUS AVENUE
City-State-Zip: TRENTON NJ 08629

Title DIRECTOR
Name BRAINARD, BENJAMIN
Address 321 S. PETERSON AVE
City-State-Zip: LOUISVILLE KY 40206