

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000111201

**Entity Name:** C.Q. INSULATION, INC.**Current Principal Place of Business:**495 SOUTH HIGH STREET, SUITE 50  
COLUMBUS, OH 43215**Current Mailing Address:**495 SOUTH HIGH STREET, SUITE 50  
COLUMBUS, OH 43215 US**FEI Number:** 20-0289994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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:** PAMELA A. HENSON

04/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	SHELLEY , MCBRIDE A
Address	495 SOUTH HIGH STREET, SUITE 50
City-State-Zip:	COLUMBUS OH 43215

Title	TREASURER
Name	TODD , FRY R
Address	495 SOUTH HIGH STREET, SUITE 50
City-State-Zip:	COLUMBUS OH 43215

Title	CFO
Name	MICHAEL , MILLER T
Address	495 SOUTH HIGH STREET, SUITE 50
City-State-Zip:	COLUMBUS OH 43215

Title	PRESIDENT
Name	JEFFREY , EDWARDS W
Address	495 SOUTH HIGH STREET, SUITE 50
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	MICHAEL , MILLER T
Address	495 SOUTH HIGH STREET, SUITE 50
City-State-Zip:	COLUMBUS OH 43215

*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:** SHELLEY A. MCBRIDE

SECRETARY

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date