

2025 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

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title CEO
Name EDWARDS, JEFFREY W.
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**

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date