

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070630

Entity Name: LASAS TECHNOLOGIES, INC.**Current Principal Place of Business:**14755 NORTH OUTER FORTY RD
SUITE 400
CHESTERFIELD, MO 63017**Current Mailing Address:**14755 NORTH OUTER FORTY RD
SUITE 400
CHESTERFIELD, MO 63017 US**FEI Number:** 65-0868022**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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, CFO, DIRECTOR
Name CARIOLANO, GREGG O
Address 14755 NORTH OUTER FORTY ROAD
 SUITE 400
City-State-Zip: CHESTERFIELD MO 63017

Title PRESIDENT, DIRECTOR
Name KARCHUNAS, M SCOTT
Address 14755 NORTH OUTER FORTY ROAD
 SUITE 400
City-State-Zip: CHESTERFIELD MO 63017

Title SENIOR EXECUTIVE OFFICER
Name HOLLAND, RICHARD
Address 200 GALLERIA PARKWAY
 SUITE 1000
City-State-Zip: ATLANTA GA 30339

Title SECRETARY, DIRECTOR
Name FOSTER, LAURA
Address 14755 NORTH OUTER FORTY DR
 SUITE 400
City-State-Zip: CHESTERFIELD MO 63017

Title DIRECTOR, VP
Name KURTZ, RICHARD
Address 14755 NORTH OUTER FORTY DRIVE
 SUITE 400
City-State-Zip: CHESTERFIELD MO 63017

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: GREGG O CARIOLANO**TREASURER****04/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date