

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007556

Entity Name: ERGOGENESIS WORKPLACE SOLUTIONS, LLC**Current Principal Place of Business:**ONE BODYBILT PLACE
NAVASOTA, TX 77868**Current Mailing Address:**ONE BODYBILT PLACE
NAVASOTA, TX 77868**FEI Number:** 35-2485796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE
1ST FLOOR
TALLAHASSEE, FL 32301 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:** SHARON COOKE, ASST SECRETARY

04/18/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GERBINO, ANTHONY J
Address ONE BODYBILT PLACE
City-State-Zip: NAVASOTA TX 77868

Title MGR
Name LEYERLE, MARK E
Address 550 POST OAK BLVD
470
City-State-Zip: HOUSTON TX 77027

Title AUTHORIZED MEMBER
Name FREESTONE ERGONOMIC SEATING
PARTNERS LP
Address 5306 MAHOGANY CREEK CT
City-State-Zip: SPRING TX 77379

Title AUTHORIZED MEMBER
Name PATRIOT CAPITAL III LP
Address 509 S EXETER ST
210
City-State-Zip: BALTIMORE MD 21202

Title MGR
Name CLINGAN, SCOTT
Address 550 POST OAK BLVD
470
City-State-Zip: HOUSTON TX 77027

Title MGR
Name LYNCH, CLAUDE BERNARD III
Address ONE BODYBILT PLACE
City-State-Zip: NAVASOTA TX 77868

Title AUTHORIZED MEMBER
Name PATRIOT CAPITAL III SBIC LP
Address 509 S EXETER ST
210
City-State-Zip: BALTIMORE MD 21202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY J. GERBINO**MANAGER**

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date