2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2020
Secretary of State
4877560824CC

DOCUMENT# F12000001387

Entity Name: POSITUDES, INC.

Current Principal Place of Business:

44 BOND ST
WESTBURY, NY 11590

Current Mailing Address:

44 BOND ST
WESTBURY, NY 11590

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	PUGLIESE, JOE
Address	448 STONEMASON WAY
City-State-Zip:	LANSDALE PA 19446

Title	DIRECTOR, SECRETARY
Name	SINGH, SEAN
Address	134 80TH ST
City-State-Zip:	ST. PETERSBURG FL 33702

Title	CHAIRMAN
Name	PLENCNER, MARK A
Address	37776 N. LITTLE MCDONALD DR.
City-State-Zip:	FRAZEE MN 56544

Title	VP
Name	FUSARO, MARYANN
Address	44 BOND ST
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	GUSTAFSON, STEPHANIE
Address	6655 TRAVIS SUITE 490
City-State-Zip:	HOUSTON TX 77030

Title	PRESIDENT, DIRECTOR
Name	FUSARO, VINCENT
Address	44 BOND ST
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	LIMBERIS, PAUL N
Address	HEMOPHILIA CTR & THROMBOSIS CENTER 13199 EAST MONTVIEW BLVD.
City-State-Zip:	AURORA CO 80045

Title	TREASURER, DIRECTOR
Name	LEE, GLADYS
Address	PO BOX 535
City-State-Zip:	STONE MOUNTAIN GA 30086

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: MARYANN FUSARO VICE PRESIDENT 01/29/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ZAMORA, JASON
Address	CENTERS FOR INHERITED BLOOD DISORDERS 2670 N. MAIN ST. SUITE 150
City-State-Zip:	SANTA ANA CA 92705

Title	DIRECTOR
Name	BAILEY, JOSEPH W.
Address	1674 N. HUMBOLDT AVE.
City-State-Zip:	MILWAUKEE WI 53202