**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 26, 2022**
**Secretary of State**
**7082062773CC**

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 | CHAIRMAN |
| Name | PLENCNER, MARK A |
| Address | 26426 SOUTH HOWARD DR. |
| City-State-Zip: | SUN LAKES AZ 85248 |

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

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

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

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|---|---|
| Title | DIRECTOR |
| Name | LIMBERIS, PAUL N |
| Address | HEMOPHILIA CTR & THROMBOSIS CENTER<br>13199 EAST MONTVIEW BLVD. SUITE 100 |
| City-State-Zip: | AURORA CO 80045 |

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

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|---|---|
| Title | SECRETARY |
| Name | BLAKE, JEFF |
| Address | 20 VINE STREET, #1227 |
| City-State-Zip: | LANSDALE PA 19446 |

**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 04/26/2022

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | SONI, AMIT |
| Address | CIBD 1010 W. LA VETA AVE. SUITE 670 |
| City-State-Zip: | ORANGE CA 92868 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | AMOND, JEFF |
| Address | 44 BOND ST |
| City-State-Zip: | WESTBURY NY 11590 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | TATUSKO, DANIELLE |
| Address | 44 BOND ST |
| City-State-Zip: | WESTBURY NY 11590 |

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|---|---|
| Title | DIRECTOR |
| Name | MYERS, JOHN |
| Address | 3333 BURNET AVE., MLC 5017 |
| City-State-Zip: | CINCINNATI OH 45229 |

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|---|---|
| Title | DIRECTOR |
| Name | BARTKO, ALISON |
| Address | 44 BOND ST |
| City-State-Zip: | WESTBURY NY 11590 |

| | |
|---|---|
| Title | DIRECTOR EMERITUS |
| Name | MADEIROS, CAROL |
| Address | 147 LINCOLN AVE. |
| City-State-Zip: | SARATOGA SPRINGS NY 12866 |