

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001403

Entity Name: INFORMA SUPPORT SERVICES, INC.**Current Principal Place of Business:**301 N. CATTLEMEN RD.
STE 301,
SARASOTA, FL 34232**Current Mailing Address:**301 N CATTLEMEN ROAD,
SUITE 301
SARASOTA, FL 34232 US**FEI Number: 59-3435175****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:** JILL CILMI

02/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	LEVINE, MARC
Address	301 N. CATTLEMEN RD. STE 301,
City-State-Zip:	SARASOTA FL 34232

Title	ASSISTANT SECRETARY
Name	PETER, PATRICIA
Address	605 3RD AVENUE, 22ND FLOOR
City-State-Zip:	NEW YORK NY 10158

Title	DIRECTOR, VP, ASST. SECRETARY
Name	SHAGHAF, SHEIKH
Address	605 3RD AVENUE, 22ND FL
City-State-Zip:	NEW YORK NY 10158

Title	TREASURER
Name	DONAGHER, KEVIN
Address	125 CAMBRIDGE PARK DRIVE
City-State-Zip:	CAMBRIDGE MA 02140

Title	DIRECTOR, VP, SECRETARY
Name	VASANDANI, BRIAN
Address	605 3RD AVENUE, 22ND FL
City-State-Zip:	NEW YORK NY 10158

Title	VP
Name	SMITH, JULIE
Address	2901 28TH ST., SUITE 100
City-State-Zip:	SANTA MONICA CA 90405

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: PATRICIA PETER**ASSISTANT SECRETARY 02/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date