

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002350

FILED
Jun 15, 2020
Secretary of State
2687804594CC

Entity Name: FLEXENTIAL CORP.

Current Principal Place of Business:

8809 LENOX POINTE DRIVE
SUITE G
CHARLOTTE, NC 28273

Current Mailing Address:

8809 LENOX POINTE DRIVE
SUITE G
CHARLOTTE, NC 28273

FEI Number: 59-3638780

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 CFO & DIRECTOR
Name NOONAN, BRIAN J
Address 8809 LENOX POINTE DRIVE
SUITE G
City-State-Zip: CHARLOTTE NC 28273

Title CEO & DIRECTOR
Name DOWNIE, CHRISTOPHER W
Address 8809 LENOX POINTE DRIVE
SUITE G
City-State-Zip: CHARLOTTE NC 28273

Title VP
Name JOHNSON, JILL R
Address 8809 LENOX POINTE DRIVE
SUITE G
City-State-Zip: CHARLOTTE NC 28273

Title COO & DIRECTOR
Name KRZA, MICHAEL
Address 11900 EAST CORNELL AVE
BLDG B, 3RD FLOOR
City-State-Zip: AURORA CO 80014

Title GENERAL COUNSEL & DIRECTOR
Name GUERRIERO, JOSEPH
Address 11900 EAST CORNELL AVE
BLDG B, 3RD FLOOR
City-State-Zip: AURORA CO 80014

Title SECRETARY
Name SMOLEN, DAVID
Address 188 THE EMBARCADERO
SUITE 700
City-State-Zip: SAN FRANCISCO CA 94105

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: JILL R JOHNSON

VP OF TAXATION

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date