# 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0100005213

Entity Name: METAFILE INFORMATION SYSTEMS, INC.

# **Current Principal Place of Business:**

3428 LAKERIDGE PLACE NW STE 100 ROCHESTER, MN 55901-6573

# **Current Mailing Address:**

3428 LAKERIDGE PLACE NW STE 100 ROCHESTER, MN 55901-6573 US

# FEI Number: 41-1364348

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

## Officer/Director Detail :

	Title	PRESIDENT	Title	CFO
	Name	HOFFMAN, JAY	Name	BEATTIE, BRIAN
	Address	3428 LAKERIDGE PLACE NW STE 100	Address	3428 LAKERIDGE PLACE NW STE 100
	City-State-Zip:	ROCHESTER MN 55901-6573	City-State-Zip:	ROCHESTER MN 55901-6573
	Title	SECRETARY	Title	TREASURER
	Name	BEATTIE, BRIAN	Name	BEATTIE, BRIAN
	Address	3428 LAKERIDGE PLACE NW STE 100	Address	3428 LAKERIDGE PLACE NW STE 100
	City-State-Zip:	ROCHESTER MN 55901-6573	City-State-Zip:	ROCHESTER MN 55901-6573
	Title	DIRECTOR	Title	CEO
	Name	MILLER, MARK	Name	MILLER, MARK
	Address	3428 LAKERIDGE PLACE NW STE 100	Address	3428 LAKERIDGE PLACE NW STE 100
	City-State-Zip:	ROCHESTER MN 55901-6573	City-State-Zip:	ROCHESTER MN 55901-6573

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: JAY HOFFMAN

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

# Certificate of Status Desired: No

Date

Date