

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003167

**Entity Name:** GENEOS WEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

9055 E. MINERAL CIRCLE  
SUITE 200  
CENTENNIAL, CO 80112

**Current Mailing Address:**

9055 E. MINERAL CIRCLE  
SUITE 200  
CENTENNIAL, CO 80112 US

**FEI Number:** 02-0580939

**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            PRESIDENT, DIRECTOR  
Name            DIACHOK, RYAN  
Address        9055 E. MINERAL CIRCLE  
                  SUITE 200  
City-State-Zip: CENTENNIAL CO 80112

Title            SECRETARY, TREASURER  
Name            OLSON, RAY  
Address        9055 E. MINERAL CIRCLE  
                  SUITE 200  
City-State-Zip: CENTENNIAL CO 80112

Title            CEO, DIRECTOR  
Name            DIACHOK, RUSSELL  
Address        9055 E. MINERAL CIRCLE  
                  SUITE 200  
City-State-Zip: CENTENNIAL CO 80112

Title            DIRECTOR  
Name            HELMS, JEFFREY  
Address        9055 E. MINERAL CIRCLE  
                  SUITE 200  
City-State-Zip: CENTENNIAL CO 80112

Title            DIRECTOR, VP  
Name            RAGER, DEAN  
Address        9055 E. MINERAL CIRCLE  
                  SUITE 200  
City-State-Zip: CENTENNIAL CO 80112

Title            CHIEF COMPLIANCE OFFICER  
Name            BRUBAKER-RAGER, JODEE  
Address        9055 E. MINERAL CIRCLE  
                  SUITE 200  
City-State-Zip: CENTENNIAL CO 80112

*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:** RAY OLSON

**SECRETARY**

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date