

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003434

**Entity Name:** CLIVUS MULTRUM, INC.

**Current Principal Place of Business:**

15 UNION ST.  
SUITE 410  
LAWRENCE, MA 01840

**Current Mailing Address:**

15 UNION ST.  
SUITE 410  
LAWRENCE, MA 01840 US

**FEI Number:** 13-2750527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLS, DONALD SR.  
617 DORANDO CT.  
MARCO ISLAND, FL 33937 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 CDP  
Name ROCKEFELLER, ABBY A  
Address 15 UNION ST.  
SUITE 412  
City-State-Zip: LAWRENCE MA 01840

Title D  
Name PARTLOW, ANN  
Address 15 UNION ST.  
SUITE 412  
City-State-Zip: LAWRENCE MA 01840

Title S  
Name STRAWBRIDGE, DAVID A  
Address 30 ROCKEFELLER PLAZA  
City-State-Zip: NEW YORK NY 10112

Title T  
Name CATALDO, RICHARD N  
Address 30 ROCKEFELLER PLAZA  
City-State-Zip: NEW YORK NY 10112

Title SALES DIRECTOR  
Name MILLS, DON  
Address 15 UNION STREET  
SUITE 412  
City-State-Zip: LAWRENCE MA 01840

*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:** DON MILLS

**SALES DIRECTOR**

**03/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date