2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001290

Entity Name: INFO DIRECTIONS, INC.

Current Principal Place of Business:

7615 OMNITECH PLACE VICTOR, NY 14564

Current Mailing Address:

7615 OMNITECH PLACE VICTOR, NY 14564 US

FEI Number: 16-1494521

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

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	SEC	Title	TREA
Name	CULETON, DEBORAH	Name	SHARP, SUSAN L
Address	7615 OMNITECH PLACE	Address	7615 OMNITECH PLACE
City-State-Zip:	VICTOR NY 14564	City-State-Zip:	VICTOR NY 14564
Title	PRES	Title	VP
Name	CULETON, DONALD	Name	TALTY, PATRICK
Address	7615 OMNITECH PLACE	Address	7615 OMNITECH PLACE
City-State-Zip:	VICTOR NY 14564	City-State-Zip:	VICTOR NY 14564
Title	V	Title	V
Title Name	V VANGROL, DERRICK	Title Name	V KOSARKO, STEVE
	·		-
Name Address	VANGROL, DERRICK	Name	KOSARKO, STEVE
Name Address City-State-Zip:	VANGROL, DERRICK 7615 OMNITECH PLACE VICTOR NY 14564	Name Address	KOSARKO, STEVE 7615 OMNITECH PLACE
Name Address City-State-Zip: Title	VANGROL, DERRICK 7615 OMNITECH PLACE VICTOR NY 14564 VP OF PRODUCT & MARKETING	Name Address City-State-Zip:	KOSARKO, STEVE 7615 OMNITECH PLACE VICTOR NY 14564
Name Address City-State-Zip: Title Name	VANGROL, DERRICK 7615 OMNITECH PLACE VICTOR NY 14564 VP OF PRODUCT & MARKETING WRONA, TIM	Name Address City-State-Zip: Title	KOSARKO, STEVE 7615 OMNITECH PLACE VICTOR NY 14564 VP
Name Address City-State-Zip: Title	VANGROL, DERRICK 7615 OMNITECH PLACE VICTOR NY 14564 VP OF PRODUCT & MARKETING WRONA, TIM 7615 OMNITECH PLACE	Name Address City-State-Zip: Title Name	KOSARKO, STEVE 7615 OMNITECH PLACE VICTOR NY 14564 VP DEFEO, CARMEN 7615 OMNITECH PLACE

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: SUSAN SHARP

TREASURER

03/26/2018

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 26, 2018 Secretary of State CC7908481085