

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005326

Entity Name: VITALITY FOODSERVICE, INC.

Current Principal Place of Business:

11471 N. US HIGHWAY 301
STE 101
THONOTOSASSA, FL 33592-3532

Current Mailing Address:

1812 N MOORE STREET
ARLINGTON, VA 22209 US

FEI Number: 20-1478302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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

Date

Officer/Director Detail :

Title VP
Name CARL, KATHLEEN
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title ASSISTANT TREASURER
Name KUMAR, PRAVEEN
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title ASSISTANT TREASURER
Name RUDDERHAM, JANET
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title ASSISTANT SECRETARY
Name SILHAN, BRENDAN
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title PRESIDENT/CEO
Name MIELE, PERRY
Address 30003 BAINBRIDGE RD
City-State-Zip: SOLON OH 44139

Title CFO
Name BALKISSOON, TRONA
Address 30000 BAINBRIDGE RD
City-State-Zip: SOLON OH 44139

Title TREASURER
Name NEELY, ALEXANDRA
Address 1812 N MOORE STREET
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name BALKISSOON, TRONA
Address 30000 BAINBRIDGE RD
City-State-Zip: SOLON OH 44139

Continues on page 2

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: INGRAM , BRIAN

ASSISTANT TREASURER 02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MIELE, PERRY
Address 30003 BAINBRIDGE RD
City-State-Zip: SOLON OH 44139

Title VP
Name GLASS, ANDREW
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title CHAIRMAN OF THE BOARD
Name PRESLEY, STEVEN
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title CHIEF STRATEGY OFFICER
Name CASH, MELISSA
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title CHIEF TECHNICAL OFFICER
Name KROST, DETLEF
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title ASSISTANT TREASURER
Name INGRAM, BRIAN
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title SECRETARY
Name GLASS, ANDREW
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title VP
Name COUGHLIN, TIMOTHY
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532

Title CHIEF PEOPLE OFFICER
Name CASCAPERA, JUDY
Address 11471 N. US HIGHWAY 301
STE 101
City-State-Zip: THONOTOSASSA FL 33592-3532