

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000002678

**Entity Name:** 5D INFORMATION MANAGEMENT, INC.

**Current Principal Place of Business:**

400 WOOD ROAD  
BRAINTREE, MA 02184

**Current Mailing Address:**

400 WOOD ROAD  
BRAINTREE, MA 02184 US

**FEI Number:** 04-3326218

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            TREASURER/DIRECTOR  
Name            GOLDSTEIN, DAN  
Address        400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

Title            SECRETARY  
Name            BASIL, MICHELLE L.  
Address        400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

Title            PRESIDENT  
Name            NIKEL, CHAD  
Address        400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

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:** DAN GOLDSTEIN

**TREASURER**

**03/18/2019**

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

\_\_\_\_\_  
Date