

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006600

**Entity Name:** STEPHEN GOULD CORPORATION**Current Principal Place of Business:**5 GIRALDA FARMS  
MADISON, NJ 07940-1027**Current Mailing Address:**5 GIRALDA FARMS  
MADISON, NJ 07940-1027 US**FEI Number:** 22-1550787**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	DIRECTOR, CEO
Name	GOLDEN, MICHAEL
Address	21 BEACON HILL DRIVE
City-State-Zip:	CHESTER NJ 07930

Title	SECRETARY, DIRECTOR
Name	GOLDEN, JOHN
Address	811 HILLSIDE DRIVE
City-State-Zip:	FAIRFIELD CT 06824

Title	TREASURER
Name	LUPO, ANTHONY
Address	5 GIRALDA FARMS
City-State-Zip:	MADISON NJ 07940-1027

Title	DIRECTOR
Name	LYNCH, PETER
Address	5 GIRALDA FARMS
City-State-Zip:	MADISON NJ 07940-1027

Title	DIRECTOR
Name	TIEDMAN, MICHAEL
Address	5 GIRALDA FARMS
City-State-Zip:	MADISON NJ 07940-1027

Title	DIRECTOR
Name	KOFF, HOWARD
Address	5 GIRALDA FARMS
City-State-Zip:	MADISON NJ 07940-1027

Title	DIRECTOR
Name	VAN SLYKE, BONNIE
Address	5 GIRALDA FARMS
City-State-Zip:	MADISON NJ 07940-1027

Title	PRESIDENT, DIRECTOR
Name	GOLDEN , JUSTIN
Address	5 GIRALDA FARMS
City-State-Zip:	MADISON NJ 07940-1027

*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: JOHN GOLDEN****SECRETARY****01/24/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date