

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000358

Entity Name: PRECISE SYSTEMS, INC.

Current Principal Place of Business:

22290 EXPLORATION DRIVE, SUITE 400
LEXINGTON PARK, MD 20653

Current Mailing Address:

22290 EXPLORATION DRIVE SUITE 400
LEXINGTON PARK, MD 20653 US

FEI Number: 52-1686191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 CHAIRMAN
Name ALLEN, JOHN
Address 22290 EXPLORATION DRIVE, SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

Title CEO, PRESIDENT
Name PFISTER, SCOTT A
Address 22920 EXPLORATION DRIVE SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

Title VP
Name WOKING, ERIC
Address 22290 EXPLORATION DRIVE, SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

Title CFO
Name ROTHWELL, ANGELA
Address 22290 EXPLORATION DRIVE, SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

Title SECRETARY
Name STRANG, WILLIAM
Address 22290 EXPLORATION DRIVE, SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

Title TREASURER
Name IVEY, MICHAEL
Address 22290 EXPLORATION DRIVE, SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

Title ASST. SECRETARY
Name MUTRYN, WILLIAM
Address 22290 EXPLORATION DRIVE, SUITE 400
City-State-Zip: LEXINGTON PARK MD 20653

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: ANGELA ROTHWELL

CFO

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date