

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000541

Entity Name: OPTUM BIOMETRICS, INC.**Current Principal Place of Business:**4170 OGDEN AVENUE
AURORA, IL 60504**Current Mailing Address:**4170 OGDEN AVENUE
AURORA, IL 60504 US**FEI Number: 36-3437660****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	DIRECTOR
Name	RIMSTAD, JOHN JAY
Address	4170 OGDEN AVENUE
City-State-Zip:	AURORA IL 60504

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	4170 OGDEN AVENUE
City-State-Zip:	AURORA IL 60504

Title	PRESIDENT
Name	HOLCOMB, JOHN PHILIP
Address	4170 OGDEN AVENUE
City-State-Zip:	AURORA IL 60504

Title	DIRECTOR
Name	HOLCOMB, JOHN PHILIP
Address	4170 OGDEN AVENUE
City-State-Zip:	AURORA IL 60504

Title	ASSISTANT SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	4170 OGDEN AVENUE
City-State-Zip:	AURORA IL 60504

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: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY 05/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date