

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002719

Entity Name: THE WIREMOLD COMPANY**Current Principal Place of Business:**60 WOODLAWN STREET
WEST HARTFORD, CT 06110**Current Mailing Address:**60 WOODLAWN STREET
WEST HARTFORD, CT 06110 US**FEI Number:** 06-0593670**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 VP
Name SCHNEIDER, STEVE
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

Title PRESIDENT
Name RAMANATHAN, RAVI
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

Title TREASURER
Name LAPERRIERE, JAMES
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

Title DIRECTOR
Name LEMERY, FRANCK
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

Title DIRECTOR
Name ROULLAC, YRIEX
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

Title SECRETARY
Name BARBOSA, YOANN
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

Title DIRECTOR
Name SELLDORFF, JOHN
Address 60 WOODLAWN STREET
City-State-Zip: WEST HARTFORD CT 06110

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: JAMES LAPERRIERE**TREASURER****03/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date