

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001071

Entity Name: ENVOLVE VISION, INC.**Current Principal Place of Business:**1151 FALLS ROAD
ROCKY MOUNT, NC 27804**Current Mailing Address:**7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105 US**FEI Number:** 20-4773088**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 PRESIDENT, DIRECTOR
Name LAVELY, DAVID
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT NC 27804

Title VP, DIRECTOR
Name BAIOCCHI, SARAH
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER
Name WINGFIELD, SCOTT
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT NC 27804

Title VP
Name ASHER, ANDREW
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY
Name KOSTER, CHRISTOPHER A.
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name GROVER, MICHAEL
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT NC 27804

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date