2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2016
Secretary of State
CC1774080015

DOCUMENT# F13000002265

Entity Name: VENSURE, INC.

Current Principal Place of Business:

1111 LINCOLN ROAD, 4TH FLOOR
MIAMI BEACH, FL 33139

Current Mailing Address:

20 GATEHOUSE ROAD
AMHERST, MA 01002 US

FEI Number: 52-2363150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
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	P
Name	KILLOH, SCOTT
Address	5959 COLLINS AVE., UNIT 907
City-State-Zip:	MIAMI BEACH FL 33140

Title	CLERK
Name	FLOOD, HARRY J.
Address	35 KESTREL LANE
City-State-Zip:	AMHERST MA 01002

Title	VP
Name	SOLI, DAVID A.
Address	2 DARROWS RDG.
City-State-Zip:	EAST LYME CT 06333

Title	DIRECTOR
Name	FLOOD, HARRY J.
Address	35 KESTREL LANE
City-State-Zip:	AMHERST MA 01002

Title	T
Name	FLOOD, HARRY
Address	35 KESTREL LANE
City-State-Zip:	AMHERST MA 01002

Title	VP
Name	FLOOD, HARRY J.
Address	35 KESTREL LANE
City-State-Zip:	AMHERST MA 01002

Title	VP
Name	CODY, PATRICK J.
Address	29 NORFOLK ROAD
City-State-Zip:	COHASSET MA 02025

Title	DIRECTOR
Name	KILLOH, SCOTT W.
Address	5959 COLLINS AVENUE #907
City-State-Zip:	MIAMI BEACH FL 33140

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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: HARRY J. FLOOD TREASURER 03/18/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SOBILOFF, PETER
Address	23 ADAMS DRIVE
City-State-Zip:	CRESSKILL NJ 07626

Title	DIRECTOR
Name	ATKINS, BETSY S.
Address	1114 AVENUE OF THE AMERICAS 36TH FLOOR
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	COTTER, CIAN
Address	238 E. 4TH STREET, PH
City-State-Zip:	NEW YORK NY 10009

Title	DIRECTOR
Name	COLLINS, STEPHEN
Address	836 STONEWALL RIDGE LANE
City-State-Zip:	AUSTIN TX 78746