

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005100

Entity Name: SYNERGETICS DIVERSIFIED COMPUTER SERVICES, INC**Current Principal Place of Business:**501 HWY. 12 WEST, SUITE 100
STARKVILLE, MS 39759**Current Mailing Address:**POST OFFICE BOX 808
STARKVILLE, MS 39760 US**FEI Number:** 64-0897565**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 LACOURSIERE, DARIN
Address 2 S WEST STREET
City-State-Zip: CLOVERDALE IN 46120

Title VP
Name KIM, BRANDON
Address 501 HWY. 12 WEST, SUITE 100
City-State-Zip: STARKVILLE MS 39759

Title SECRETARY, DIRECTOR
Name KIVETT, PAMELA
Address 2 S WEST STREET
City-State-Zip: CLOVERDALE IN 46120

Title TREASURER, DIRECTOR
Name HENDERSON, BRAD
Address 2 S WEST STREET
City-State-Zip: CLOVERDALE IN 46120

Title CHAIRMAN, DIRECTOR
Name ELLETT, JAMES
Address 2 S WEST STREET
City-State-Zip: CLOVERDALE IN 46120

Title ATTORNEY IN FACT
Name CROWELL, JOHN W
Address POST OFFICE BOX 1827
City-State-Zip: COLUMBUS MS 39703

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: JOHN W. CROWELL**ATTORNEY IN FACT****04/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date