

**2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F16000001150

**Entity Name:** PASSPORT LABS, INC.**Current Principal Place of Business:**128 S TRYON STREET  
SUITE 1000  
CHARLOTTE, NC 28202**Current Mailing Address:**128 S TRYON STREET  
SUITE 1000  
CHARLOTTE, NC 28202 US**FEI Number:** 46-4987364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	YOUAKIM, BOB
Address	128 S TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202

Title	CEO
Name	MOONEY, BRIAN
Address	10588 N OSCEOLA DRIVE
City-State-Zip:	WESTMINSTER CO 80031

Title	DIRECTOR
Name	GOHMAN, KERI
Address	632 BROADWAY
City-State-Zip:	NEW YORK NY 10012

Title	PRESIDENT
Name	PARKS, JAMES
Address	128 S TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202

Title	DIRECTOR
Name	MAXWELL, BRET
Address	40 SKOKIE BLVD SUITE 430
City-State-Zip:	NORTHBROOK IL 60062

Title	DIRECTOR
Name	KAIROUZ, HABIB
Address	152 WEST 57TH STREET CARNEGIE HALL TOWER 23RD FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	HARRIS, MATTHEW
Address	632 BROADWAY
City-State-Zip:	NEW YORK NY 10012

Title	ASST. SECRETARY
Name	DRATH, ROSS
Address	128 S TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202

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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:** ROSS DRATH**ASSISTANT SECRETARY** 10/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF HUMAN RESOURCES OFFICER  
Name DAVIES, KARIN  
Address 128 S TRYON STREET  
SUITE 1000  
City-State-Zip: CHARLOTTE NC 28202

Title CHIEF REVENUE OFFICER  
Name ROGERS, DOUGLAS  
Address 128 S TRYON STREET  
SUITE 1000  
City-State-Zip: CHARLOTTE NC 28202