

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001426

**FILED**  
**Mar 31, 2023**  
**Secretary of State**  
**2761319648CC**

**Entity Name:** VIBRANTZ CORPORATION

**Current Principal Place of Business:**

6060 PARKLAND BLVD, STE 250  
MAYFIELD HEIGHTS, OH 44124

**Current Mailing Address:**

6060 PARKLAND BLVD, STE 250  
MAYFIELD HEIGHTS, OH 44124 US

**FEI Number:** 34-0217820

**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 DIRECTOR  
Name FISH, GLENN  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title DIRECTOR, VP  
Name LABORDE, IMELDA  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title DIRECTOR  
Name WHITNEY, MARK  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title VP  
Name HENKE, ANDREW TYLER  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title VP  
Name FISH, GLENN  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title TREASURER, VP  
Name PUGAS, ANTONIO  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title VP, SECRETARY  
Name WHITNEY, MARK  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

Title VP  
Name RAO, SURESH  
Address 6060 PARKLAND BLVD, STE 250  
City-State-Zip: MAYFIELD HEIGHTS OH 44124

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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:** MICHAEL WILSON

**PRESIDENT**

**03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            WILSON, MICHAEL  
Address         6060 PARKLAND BLVD, STE 250  
City-State-Zip:  MAYFIELD HEIGHTS OH 44124