

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003368

Entity Name: OMNISEQ, INC.**Current Principal Place of Business:**700 ELLICOTT STREET
BUFFALO, NY 14203**Current Mailing Address:**700 ELLICOTT STREET
BUFFALO, NY 14203 US**FEI Number:** 47-3535872**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 LEE, KEVIN MD
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title DIRECTOR
Name BILLINGS PH. D., PAUL
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title DIRECTOR
Name GARDNER, MARK
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title DIRECTOR
Name SEARS, R. BUFORD
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title SECRETARY, DIRECTOR,
PRESIDENT, CEO
Name SCHOENBORN, MARGOT
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title DIRECTOR
Name EISENBERG PH. D., MARCIA
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title DIRECTOR
Name SZEFEI, DENNIS
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

Title DIRECTOR
Name ANDERSON, STEVEN M PHD
Address 700 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14203

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: MARGOT SCHOENBORN**SECRETARY****04/20/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date