

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004157

Entity Name: APPONE, INC.**Current Principal Place of Business:**1 REYNOLDS WAY
KETTERING, OH 45430**Current Mailing Address:**1 REYNOLDS WAY
KETTERING, OH 45430 US**FEI Number:** 82-2389521**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	CEO, CHAIRMAN
Name	BARRAS, NORMAN T
Address	6700 HOLLISTER ST
City-State-Zip:	HOUSTON TX 77040

Title	CFO, TREASURER
Name	ROBINSON, SHERI A.
Address	6700 HOLLISTER ST
City-State-Zip:	HOUSTON TX 77040

Title	VP
Name	BALES, MARK F.
Address	1 REYNOLDS WAY
City-State-Zip:	KETTERING OH 45430

Title	SECRETARY
Name	LUGO, PAM
Address	6700 HOLLISTER ST
City-State-Zip:	HOUSTON TX 77040

Title	DIRECTOR
Name	JACKSON, JAMES
Address	6700 HOLLISTER ST
City-State-Zip:	HOUSTON TX 77040

Title	PRESIDENT
Name	WALSH, CHRISTOPHER
Address	1 REYNOLDS WAY
City-State-Zip:	KETTERING OH 45430

Title	COO
Name	DAUGHTERS, WILLIAM T. II
Address	6700 HOLLISTER ST
City-State-Zip:	HOUSTON TX 77040

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: MARK BALES**VICE PRESIDENT****04/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date