

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004618

Entity Name: INGENIORX, INC.**Current Principal Place of Business:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204**Current Mailing Address:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US**FEI Number:** 82-3062245**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, ASSISTANT SECRETARY
Name	HUNT, SIDNEY OWEN
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	SECRETARY
Name	KIEFER, KATHLEEN S.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	DIRECTOR, TREASURER
Name	SCHER, VINCENT E.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	ASST. TREASURER
Name	NOBLE, ERIC K.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	DIRECTOR, PRESIDENT
Name	ALTER, JEFFREY D
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

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: KIEFER, KATHLEEN SUSAN**SECRETARY****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date