

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000344

Entity Name: ACELERO, INC.

Current Principal Place of Business:

500 7TH AVENUE
8TH FLOOR
NEW YORK, NY 10018

Current Mailing Address:

500 7TH AVENUE
8TH FLOOR
NEW YORK, NY 10018 US

FEI Number: 30-0077025

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 ACELERO, INC
Address 500 7TH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title PRESIDENT
Name WILDE, HENRY
Address 500 7TH AVENUE
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name HERSH, KATHARINE
Address 201 MISSION STREET
SUITE 2350
City-State-Zip: SAN FRANCISCO CA 94105

Title TREASURER
Name SCHWABENBAUER, LINDA
Address 500 7TH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title SECRETARY
Name POLANER, MELISSA
Address 500 7TH AVENUE
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name SEGAL, MORA
Address 500 7TH AVENUE
City-State-Zip: NEW YORK NY 10018

Title SENIOR VICE PRESIDENT
Name SIPP MD, RORY B
Address 500 7TH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name MILLER, SCOTT
Address 8 SOUND SHORE DRIVE
City-State-Zip: GREENWICH CT 06830

Continues on page 2

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: MELISSA POLANER

SECRETARY

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLAYTON, TONIKA CHEEK
Address 6807 MEADOW ROAD
City-State-Zip: DALLAS TX 75230