

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000277

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**6219798648CC**

**Entity Name:** XENEX DISINFECTION SERVICES INC.

**Current Principal Place of Business:**

1074 ARION CIRCLE, STE 116  
SAN ANTONIO, TX 78216

**Current Mailing Address:**

1074 ARION CIRCLE, STE 116  
SAN ANTONIO, TX 78216 US

**FEI Number:** 27-1512309

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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, PRESIDENT, DIRECTOR  
Name MILLER, MORRIS  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

Title SECRETARY, DIRECTOR  
Name ELDER, DANIEL  
Address 755 E MULBERRY AVE #450  
City-State-Zip: SAN ANTONIO TX 78212

Title CHIEF SCIENCE OFFICER  
Name STIBICH, MARK  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

Title VP OF SUPPLY CHAIN AND MANUFACTURING  
Name MACK, RODGER  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

Title VP OF HUMAN RESOURCES  
Name WILSON, REBECCA  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

Title DIRECTOR  
Name RHODES-KROPF, MATT  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

Title DIRECTOR  
Name MURPHY, SEAN  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

Title DIRECTOR  
Name ANDREWS, BROOKS  
Address 1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216

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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:** MORRIS MILLER

**PRESIDENT**

**04/28/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DESOUZA, AARON  
Address        1074 ARION CIRCLE, STE 116  
City-State-Zip: SAN ANTONIO TX 78216