

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005718

Entity Name: ILLINGWORTH RESEARCH GROUP (USA) INC.

Current Principal Place of Business:

1030 SYNC STREET, SUITE 600
MORRISVILLE, NC 27560

Current Mailing Address:

1030 SYNC STREET, SUITE 600
MORRISVILLE, NC 27560 US

FEI Number: 35-2643847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC.
801 US HWY 1
NORTH PALM BEACH, FL 33408 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 AUTHORIZED SIGNATORY - VENDOR CONTRACTS
Name JOHN SIMS, PHILLIP
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title SECRETARY
Name FACHER, JARED
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title AUTHORIZED SIGNATORY - HR
Name MALCOLM DIXON, ANDREW
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title AUTHORIZED SIGNATORY - HR
Name TORRES, RICARDO
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title AUTHORIZED SIGNATORY - HR
Name BERGMAN, JANE
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title PRESIDENT / DIRECTOR / CHIEF EXECUTIVE OFFICER
Name FOTIU, MARIA
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title DIRECTOR / CHIEF FINANCIAL OFFICER / TREASURER
Name HIBBERT, ALISON
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

Title DIRECTOR / CHIEF OPERATING OFFICER
Name NUGENT, MARIANNE
Address 1030 SYNC STREET, SUITE 600
City-State-Zip: MORRISVILLE FL 27560

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: JARED FACHER

**SECRETARY, BY JON-
MICHAEL SANCHEZ
ATTORNEY-IN-FACT**

04/14/2022

Electronic Signature of Signing Officer/Director Detail

Date