

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003684

**FILED**  
**Mar 06, 2024**  
**Secretary of State**  
**2944666464CC**

**Entity Name:** AREVO PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

5200 77 CENTER DRIVE STE 300  
CHARLOTTE, NC 28217

**Current Mailing Address:**

5200 77 CENTER DRIVE STE 300  
CHARLOTTE, NC 28217 US

**FEI Number: 56-1590404**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR, CEO  
Name            BRANNOCK, RALPH M JR  
Address        5200 77 CENTER DRIVE STE 300  
City-State-Zip: CHARLOTTE NC 28217

Title            VP  
Name            WOLTZ, EDWIN M  
Address        119 RAWLEY AVE  
City-State-Zip: MT AIRY NC 27030

Title            SECRETARY, OPERATIONS  
                  MANAGER  
Name            POTEAT , ALLISON  
Address        5200 77 CENTER DRIVE STE 300  
City-State-Zip: CHARLOTTE NC 28217

*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: ALLISON POTEAT**

**SECRETARY**

**03/06/2024**

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

\_\_\_\_\_  
Date