

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000006398

Entity Name: CTI SYSTEMS, INC.

Current Principal Place of Business:

44 LAKESIDE AVE., SUITE 109
BURLINGTON, VT 05401

Current Mailing Address:

44 LAKESIDE AVE., SUITE 109
BURLINGTON, VT 05401 US

FEI Number: 45-3217396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL, INC.
115 NORTH CALHOUN STREET, SUITE 4
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 DP
Name GORMAN, STEPHEN
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

Title CEO
Name GORMAN, STEPHEN
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

Title D
Name CROOK, JAMES H JR.
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

Title D
Name KLITGAARD, CHRISTOPHER M
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

Title CFO
Name SANBORN, KIM
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

Title D
Name HOBAN, MARGARET
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

Title D
Name NORDEN, GREG
Address 44 LAKESIDE AVE., SUITE 109
City-State-Zip: BURLINGTON VT 05401

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: KIM SANBORN

CFO

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date