

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000001945

**Entity Name:** BENESYS, INC.**Current Principal Place of Business:**700 TOWER DRIVE  
SUITE 300  
TROY, MI 48098**Current Mailing Address:**700 TOWER DRIVE  
SUITE 300  
TROY, MI 48098 US**FEI Number:** 38-2383171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 &amp; PRESIDENT

Name WOLYNIEC, EDWARD S.

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title CFO

Name YOUNG, EDWARD

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title VP WEST COAST

Name MARAIA, BONNIE

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title VP

Name WOOD, GABRIEL

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title SECRETARY

Name WOOD, GABRIEL

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title ASSISTANT SECRETARY

Name BEDI, VARUN

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title GENERAL COUNSEL

Name SHAEVSKY, THOMAS

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

Title DIRECTOR

Name WOOD, GABRIEL

Address 700 TOWER DRIVE  
SUITE 300

City-State-Zip: TROY MI 48098

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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: EDWARD S. WOLYNIEC****CEO & PRESIDENT****04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WOLYNIEC, EDWARD S.  
Address 700 TOWER DRIVE  
SUITE 300  
City-State-Zip: TROY MI 48098

Title DIRECTOR  
Name BEDI, VARUN  
Address 700 TOWER DRIVE  
SUITE 300  
City-State-Zip: TROY MI 48098

Title DIRECTOR  
Name SARAF, RAKESH  
Address 700 TOWER DRIVE  
SUITE 300  
City-State-Zip: TROY MI 48098