

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000004887

**Entity Name:** FUSUS, INC.

**Current Principal Place of Business:**

5550 TRIANGLE PARKWAY NW  
SUITE 100  
PEACHTREE CORNERS, GA 30092-6515

**Current Mailing Address:**

5550 TRIANGLE PARKWAY NW  
SUITE 100  
PEACHTREE CORNERS, GA 30092-6515 US

**FEI Number:** 88-1740053

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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  
Name            LINDENAU, CHRISTOPHER  
Address        5550 TRIANGLE PARKWAY NW  
                  SUITE 100  
City-State-Zip: PEACHTREE CORNERS GA 30092-6515

Title            TREASURER  
Name            CIFELLI, PAUL  
Address        5550 TRIANGLE PARKWAY NW  
                  SUITE 100  
City-State-Zip: PEACHTREE CORNERS GA 30092-6515

Title            ASSISTANT CONTROLLER  
Name            NGUYEN, MATT  
Address        5550 TRIANGLE PARKWAY NW  
                  SUITE 100  
City-State-Zip: PEACHTREE CORNERS GA 30092-6515

Title            SECRETARY  
Name            LINDLE, JOHN  
Address        5550 TRIANGLE PARKWAY NW  
                  SUITE 100  
City-State-Zip: PEACHTREE CORNERS GA 30092-6515

Title            DIRECTOR  
Name            FREEMAN, MARSHALL  
Address        5550 TRIANGLE PARKWAY NW  
                  SUITE 100  
City-State-Zip: PEACHTREE CORNERS GA 30092-6515

*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:** MATT NGUYEN

**ASSISTANT  
CONTROLLER**

**01/09/2025**

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

\_\_\_\_\_  
Date