

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005738

Entity Name: MOREQUITY, INC.**Current Principal Place of Business:**601 NW SECOND ST
EVANSVILLE, IN 47708**Current Mailing Address:**601 NW SECOND ST
ATTN: CORPORATE LICENSING
EVANSVILLE, IN 47708 US**FEI Number:** 51-0312284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	DIRECTOR
Name	WASSAM, DANA R
Address	1011 CENTRE RD STE 402
City-State-Zip:	WILMINGTON DE 19805

Title	DIRECTOR, CFO
Name	CONRAD, MICAH R
Address	575 5TH AVE FL 27
City-State-Zip:	NEW YORK NY 10017

Title	ASSISTANT SECRETARY
Name	BAER, TERESA M
Address	100 INTERNATIONAL DR 16TH FLOOR
City-State-Zip:	BALTIMORE MD 21202

Title	DIRECTOR, PRESIDENT
Name	SAUER, TROY L
Address	100 INTERNATIONAL DR 16TH FLOOR
City-State-Zip:	BALTIMORE MD 21202

Title	EXECUTIVE VICE PRESIDENT
Name	BORCHERS, BRADFORD D
Address	601 NW SECOND ST
City-State-Zip:	EVANSVILLE IN 47708

Title	SECRETARY
Name	WOOLEN, HEATHER L
Address	601 NW SECOND ST
City-State-Zip:	EVANSVILLE IN 47708

Title	ASST. SECRETARY
Name	LILEY, APRIL
Address	601 NW SECOND ST
City-State-Zip:	EVANSVILLE IN 47708

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: APRIL LILEY

ASST SECRETARY

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date