

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004349

Entity Name: TESTAMERICA LABORATORIES, INC.**Current Principal Place of Business:**4101 SHUFFEL STREET
NORTH CANTON, OH 44720**Current Mailing Address:**4101 SHUFFEL STREET
NORTH CANTON, OH 44720 US**FEI Number:** 23-2919996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET - STE. 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 CEO
Name BRYDON JANNETTA, RACHEL
Address 4101 SHUFFEL STREET
City-State-Zip: NORTH CANTON OH 44720

Title TREASUER
Name VILLEMAIRE, HEATHER
Address 4101 SHUFFEL STREET NW
City-State-Zip: NORTH CANTON OH 44720

Title SECRETARY
Name POWELL, TRAVIS
Address 2425 NEW HOLLAND PIKE
City-State-Zip: LANCASTER PA 17601

Title CHAIRPERSON
Name WILLIAMS, BRIAN
Address 2425 NEW HOLLAND PIKE
City-State-Zip: LANCASTER PA 17601

Title VICE TREASURER
Name FASSBENDER, RALF
Address 2425 NEW HOLLAND PIKE
City-State-Zip: LANCASTER PA 17601

Title CHIEF OPERATIONS OFFICER
Name MORRIS, SCOTT
Address 4101 SHUFFEL STREET NW
City-State-Zip: NORTH CANTON OH 44720

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: RALF FASSBENDER

VICE TREASURER

04/24/2019

Electronic Signature of Signing Officer/Director Detail_____
Date