

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09928

Entity Name: CSL GROUP, INC.**Current Principal Place of Business:**TWO NEWTON PLACE
255 WASHINGTON STREET
NEWTON, MD 02458**Current Mailing Address:**TWO NEWTON PLACE
255 WASHINGTON STREET
NEWTON, MD 02458 US**FEI Number:** 61-0703072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
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	SECRETARY
Name	CLARK, JENNIFER B
Address	TWO NEWTON PLACE 255 WASHINGTON STREET
City-State-Zip:	NEWTON MD 02458

Title	DIRECTOR
Name	PORTNOY, ADAM D
Address	TWO NEWTON PLACE 255 WASHINGTON STREET
City-State-Zip:	NEWTON MD 02458

Title	CHIEF FINANCIAL OFFICER & TREASURER
Name	BROWN, MATTHEW C
Address	TWO NEWTON PLACE 255 WASHINGTON STREET
City-State-Zip:	NEWTON MD 02458

Title	PRESIDENT, CHIEF EXECUTIVE OFFICER, DIRECTOR
Name	BILOTTO, CHRISTOPHER J.
Address	TWO NEWTON PLACE 255 WASHINGTON STREET
City-State-Zip:	NEWTON MD 02458

Title	ASST. SECRETARY
Name	ANDERSON, JACQUELYN S
Address	TWO NEWTON PLACE 255 WASHINGTON STREET
City-State-Zip:	NEWTON MD 02458

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: MATTHEW C. BROWN**CFO & TREASURER****01/30/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date