

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006209

**Entity Name:** PACOM SYSTEMS (NORTH AMERICA) INC.

**Current Principal Place of Business:**

3511 SILVERSIDE ROAD  
SUITE 105  
WILMINGTON, DE 19810

**Current Mailing Address:**

3511 SILVERSIDE ROAD  
SUITE 105  
WILMINGTON, DE 19810 US

**FEI Number: 52-2336000**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR, SUITE A  
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, DIRECTOR  
Name BLUM, MICHAEL  
Address 3511 SILVERSIDE ROAD  
SUITE 105  
City-State-Zip: WILMINGTON DE 19810

Title ASST. SECRETARY  
Name SUNDERLAND, KRISTY  
Address 8350 SUNLIGHT DRIVE  
City-State-Zip: FISHERS IN 46037

Title TREASURER, DIRECTOR  
Name KATARIA, ASHWIN  
Address 3511 SILVERSIDE ROAD  
SUITE 105  
City-State-Zip: WILMINGTON DE 19810

Title PRESIDENT  
Name MCMULLEN, BRAD  
Address 3511 SILVERSIDE ROAD  
SUITE 105  
City-State-Zip: WILMINGTON DE 19810

Title ASSISTANT TREASURER  
Name MOSKAL, STEPHEN  
Address 3511 SILVERSIDE ROAD  
SUITE 105  
City-State-Zip: WILMINGTON DE 19810

Title ASSISTANT SECRETARY, DIRECTOR  
Name STARIS, INA  
Address 3511 SILVERSIDE ROAD  
SUITE 105  
City-State-Zip: WILMINGTON DE 19810

*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: BRAD MCMULLEN**

**PRESIDENT**

**02/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date