

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000364

**Entity Name:** RYKO SOLUTIONS, INC.

**Current Principal Place of Business:**

1500 SE 37TH ST  
GRIMES, IA 50111

**Current Mailing Address:**

1500 SE 37TH ST  
GRIMES, IA 50111 US

**FEI Number:** 27-3477406

**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            GILLEN, MICHAEL  
Address        1500 SE 37TH ST  
City-State-Zip: GRIMES IA 50111

Title            TREASURER  
Name            WURTH, JESSE  
Address        1500 SE 37TH ST  
City-State-Zip: GRIMES IA 50111

Title            SECRETARY  
Name            GERSHMAN, DAVID  
Address        550 S. DIXIE HIGHWAY, #300  
City-State-Zip: CORAL GABLES FL 33146

Title            DIRECTOR  
Name            VANDENBERG, JR., PETER  
Address        550 S. DIXIE HWY, #300  
City-State-Zip: CORAL GABLES FL 33146

Title            DIRECTOR  
Name            TEMPLETON, TROY D.  
Address        550 S. DIXIE HWY, #300  
City-State-Zip: CORAL GABLES FL 33146

Title            DIRECTOR  
Name            MACNEIL, VINCENT  
Address        1500 SE 37TH ST  
City-State-Zip: GRIMES IA 50111

Title            DIRECTOR  
Name            WILSON, RUSS  
Address        550 S. DIXIE HWY, #300  
City-State-Zip: CORAL GABLES FL 33146

Title            DIRECTOR  
Name            L'HEUREUX, STEVEN  
Address        1500 SE 37TH ST  
City-State-Zip: GRIMES IA 50111

*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:** DAVID GERSHMAN

**SECRETARY**

**04/25/2016**

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

\_\_\_\_\_  
Date