

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000399

**Entity Name:** ACCUITY ASSET VERIFICATION SERVICES INC.

**Current Principal Place of Business:**

1007 CHURCH STREET  
6TH FLOOR  
EVANSTON, IL 60201

**Current Mailing Address:**

1105 NORTH MARKET STREET  
SUITE 501  
WILMINGTON, DE 19807

**FEI Number:** 46-1851339

**Certificate of Status Desired:** No

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

C T 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	Title	DIRECTOR, PRESIDENT
Name	THOMPSON, KENNETH R. II	Name	KELSEY, MARK
Address	9443 SPRINGBORO PIKE	Address	1000 ALDERMAN DR
City-State-Zip:	MIAMISBURG OH 45352	City-State-Zip:	ALPHARETTA GA 30005
Title	SECRETARY, VP	Title	TREASURER
Name	SIMONTON, RENEE	Name	PERRY, SUZANNE
Address	1105 NORTH MARKET STREET SUITE 501	Address	230 PARK AVE 8TH FLOOR
City-State-Zip:	WILMINGTON DE 19801	City-State-Zip:	NEW YORK NY 10169
Title	ASST. TREASURER, VP		
Name	HORGAN, MARY ANN		
Address	1105 NORTH MARKET STREET SUITE 501		
City-State-Zip:	WILMINGTON DE 19801		

*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:** RENEE SIMONTON

**VP AND SECRETARY**

**04/08/2024**

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

\_\_\_\_\_  
Date