

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001420

**Entity Name:** CWBS-MISA, INC.

**Current Principal Place of Business:**

9050 CENTRE POINTE DR STE 400  
WEST CHESTER, OH 45069

**Current Mailing Address:**

9050 CENTRE POINTE DR., STE 400  
WEST CHESTER, OH 45069 US

**FEI Number: 13-3680543**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 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 D  
Name SAINT-GERMAIN, MARTINE  
Address 150 E 42ND STREET, 7TH FL  
City-State-Zip: NEW YORK NY 10017

Title D  
Name NISHIDA, HIROYUKI  
Address 150 E 42ND STREET, 7TH FL  
City-State-Zip: NEW YORK NY 10017

Title P  
Name COLLINS, JOHN J  
Address 9050 CENTRE POINTE DR., STE 400  
City-State-Zip: WEST CHESTER OH 45069

Title S  
Name HARR, KEITH  
Address 9050 CENTRE POINTE DR., STE 400  
City-State-Zip: WEST CHESTER OH 45069

Title VP  
Name RALPH, GREG  
Address 9050 CENTRE POINTE DR., STE 400  
City-State-Zip: WEST CHESTER OH 45069

*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: JOHN COLLINS**

**CEO**

**03/04/2024**

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

\_\_\_\_\_  
Date