

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002768

Entity Name: SCRIP, INC.**Current Principal Place of Business:**360 VETERANS' PARKWAY
SUITE 115
BOLINGBROOK, IL 60440**Current Mailing Address:**360 VETERANS' PARKWAY
SUITE 115
BOLINGBROOK, IL 60440 US**FEI Number:** 37-0898556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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:** MICHELE HOLDEN; ASST SECRETARY

04/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MASSERY, LUKE
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title PRESIDENT/CEO
Name MASSERY, LUKE
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title TREASURER
Name MASSERY, LUKE
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title SECRETARY
Name HOLDYK, CHRIS
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title ASSISTANT SECRETARY
Name MIELKE, HEATH
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title VP
Name MIELKE, HEATH
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

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: HEATH MIELKE

ASSISTANT SECRETARY 04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date