

**2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F19000004523

**Entity Name:** PLANT HEALTH INTERMEDIATE, INC.

**Current Principal Place of Business:**

21417 1950 E STREET  
PRINCETON, IL 61356

**Current Mailing Address:**

21417 1950 E STREET  
PRINCETON, IL 61356 US

**FEI Number: 83-2210954**

**Certificate of Status Desired: No**

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

CT 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 D  
Name FEIDEN, CHRIS  
Address 21417 1950 E STREET  
City-State-Zip: PRINCETON IL 61356

Title P  
Name MESSMAN, MICHAEL  
Address 21417 1950 E STREET  
City-State-Zip: PRINCETON IL 61356

Title CEO  
Name MESSMAN, MICHAEL  
Address 21417 1950 E STREET  
City-State-Zip: PRINCETON IL 61356

Title T  
Name MESSMAN, MICHAEL  
Address 21417 1950 E STREET  
City-State-Zip: PRINCETON IL 61356

Title COO  
Name FEIDEN, CHRIS  
Address 21417 1950 E STREET  
City-State-Zip: PRINCETON IL 61356

Title CTO  
Name COCHRAN, ALEX  
Address 21417 1950 E STREET  
City-State-Zip: PRINCETON IL 61356

*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: CHRIS FEIDEN**

**COO**

**11/20/2023**

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

\_\_\_\_\_  
Date