

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003322

**Entity Name:** NATIONAL RESILIENCE, INC.

**Current Principal Place of Business:**

3115 MERRYFIELD ROW  
SUITE 200  
SAN DIEGO, CA 92121

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**8667341524CC**

**Current Mailing Address:**

3115 MERRYFIELD ROW  
SUITE 200  
SAN DIEGO, CA 92121 US

**FEI Number:** 85-0788227

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 DIRECTOR  
Name SINGHVI, RAHUL SCD  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title SECRETARY  
Name SOLOMON, ORI  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name NELSEN, ROBERT  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title PRESIDENT, TREASURER  
Name MAHATME, SANDY  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name YANG, PATRICK Y. PHD  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name BARRETT, GEORGE  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name TORRES, DENISE M.  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name OETTING, DREW  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

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*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:** ORI SOLOMON

**SECRETARY**

**02/09/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ARNOLD, FRANCES H. PH.D  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name FOSTER, KAYE  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name GOTTLIEB, SCOTT MD  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name DARBY, CHRISTOPHER  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name KERREY, JOSEPH ROBERT  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name DANIELS, MITCHELL E. JR.  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name DESMOND-HELLMANN, SUE MPH MD  
Address 3115 MERRYFIELD ROW  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121