

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000067876

**Entity Name:** MDB MOZART ORIN, INC.

**Current Principal Place of Business:**

450 SKOKIE BLVD., SUITE 604  
NORTHBROOK, IL 60062

**Current Mailing Address:**

450 SKOKIE BLVD., SUITE 604  
NORTHBROOK, IL 60062 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            BARNETT, SAMUEL B.  
Address        450 SKOKIE BLVD., SUITE 604  
City-State-Zip: NORTHBROOK IL 60062

Title            VP, DIRECTOR  
Name            BAKER, MARGARET  
Address        450 SKOKIE BLVD., SUITE 604  
City-State-Zip: NORTHBROOK IL 60062

Title            SECRETARY  
Name            KELLY, WALTER  
Address        450 SKOKIE BLVD., SUITE 604  
City-State-Zip: NORTHBROOK IL 60062

Title            TREASURER  
Name            GREENSTEIN, BRAD  
Address        450 SKOKIE BLVD., SUITE 604  
City-State-Zip: NORTHBROOK IL 60062

*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: SAMUEL B BARNETT**

**PRESIDENT**

**04/12/2024**

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

\_\_\_\_\_  
Date