

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P38993

**Entity Name:** ILLUMIFIN CORPORATION

**Current Principal Place of Business:**

935 S. MAIN STREET  
SUITE 300  
GREENVILLE, SC 29601

**Current Mailing Address:**

935 S. MAIN STREET  
SUITE 300  
GREENVILLE, SC 29601 US

**FEI Number:** 57-0935614

**Certificate of Status Desired:** No

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

C T 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            PRESIDENT & CEO

Name            RATCLIFF, PHILIP C

Address        935 S. MAIN STREET  
                  SUITE 300

City-State-Zip: GREENVILLE SC 29601

Title            DIRECTOR

Name            OLIVE, HOLLY M

Address        935 S. MAIN STREET  
                  SUITE 300

City-State-Zip: GREENVILLE SC 29601

Title            DIRECTOR

Name            RATCLIFF, PHILIP C

Address        935 S. MAIN STREET  
                  SUITE 300

City-State-Zip: GREENVILLE SC 29601

Title            COO, SECRETARY & TREASURER

Name            OLIVE, HOLLY M

Address        935 S. MAIN STREET  
                  SUITE 300

City-State-Zip: GREENVILLE SC 29601

*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:** PHILIP RATCLIFF

**PRESIDENT**

**02/23/2022**

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

\_\_\_\_\_  
Date