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CORPORATIONS DIV

2018 OCT -3 AM 10: 25

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000526717	Scriptfleet, Inc.			
3. Principal Office Address		City	State	Zip
2251 Lynx Lane, Suite 5		Orlando	FL	32804
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
492110	Logistics management			
5. State of Incorporation				
Florida				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Walter P. Maner, IV			Treasurer Name		
Street Address 2251 Lynx Lane, Suite 5			Street Address		
City Orlando	State FL	Zip 32804	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name Mark Glazman			Director Name Walter P. Maner, IV		
Street Address 2251 Lynx Lane, Suite 5			Street Address 2251 Lynx Lane, Suite 5		
City Orlando	State FL	Zip 32804	City Orlando	State FL	Zip 32804
Director Name Peter Glazman			Director Name James Ashton		
Street Address 2251 Lynx Lane, Suite 5			Street Address 2251 Lynx Lane, Suite 5		
City Orlando	State FL	Zip 32804	City Orlando	State FL	Zip 32804

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	5,000	CWP	$ 0.0100

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
David Hunter	10/2/2018

Signature of Authorized Representative: David B Hunter

FILED
OCT 03 2018
BY QR5772

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Scriptfleet, Inc. 2018 Annual Report Attachment

7. Officers

NAME	BUSINESS ADDRESS	TITLE
Jacob van Leenen	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Chief Executive Officer
David Hunter	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Chief Financial Officer
Peter Glazman	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Chairman
Lee Garber	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Assistant Secretary
James Ashton	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Assistant Secretary

8. Directors

NAME	BUSINESS ADDRESS	TITLE
Lee Garber	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Director