

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002762

Entity Name: WORM'S WAY, INC.

**Current Principal Place of Business:**

7854 NORTH ST. RD. 37  
ATTN: PATRICK CLUNE  
BLOOMINGTON, IN 47404

**Current Mailing Address:**

7854 NORTH ST. RD. 37  
ATTN: PATRICK CLUNE  
BLOOMINGTON, IN 47404

FEI Number: 35-1702259

Certificate of Status Desired: Yes

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

BRECKINRIDGE, RICK  
4412 NORTH 56TH STREET  
TAMPA, FL 33610 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 CEO  
Name LISA, PIERSON  
Address 7854 NORTH ST. RD. 37  
City-State-Zip: BLOOMINGTON IN 47404

Title SENIOR VICE PRESIDENT OF OPERATIONS  
Name LOVINS, MICHAEL  
Address 7854 NORTH ST. RD. 37  
City-State-Zip: BLOOMINGTON IN 47404

Title CONTROLLER  
Name CLUNE, PATRICK CPA  
Address 7854 NORTH ST. RD. 37  
City-State-Zip: BLOOMINGTON IN 47404

Title SENIOR VICE PRESIDENT OF ADMINISTRATION, SECRETARY, TREASURER  
Name BODLE, JOHN  
Address 7854 NORTH ST. RD. 37  
City-State-Zip: BLOOMINGTON IN 47404

Title VICE PRESIDENT OF SALES & MARKETING  
Name KECK, CHRISTOPHER  
Address 7854 NORTH ST. RD. 37  
City-State-Zip: BLOOMINGTON IN 47404

*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: PATRICK CLUNE

CONTROLLER

04/07/2016

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date