



0005337056

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0005337056

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Entity Name and Mailing Address:

Entity Name: BOON ADMINISTRATIVE SERVICES, INC.
Foreign Name (name in home jurisdiction): BOON ADMINISTRATIVE SERVICES, INC.
The file number of this entity on the records of the Idaho Secretary of State is: 0000591305
Address: 6300 BRIDGEPOINT PARKWAY BLDG 3 SUITE 200
AUSTIN, TX 78730-5073

Entity Details:

Entity Status: Active-Good Standing
This entity is organized under the laws of: DELAWARE
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: C195952

The registered agent on record is:

Registered Agent: C T CORPORATION SYSTEM
Commercial Registered Agent
Physical Address
1555 W SHORELINE DR
STE 100
BOISE, ID 83702
Mailing Address
1555 W SHORELINE DR
STE 100
BOISE, ID 83702

Agent or Address Change

☐ Select if you are appointing a new agent.

Corporate Officers and Directors:

Name	Title	Business Address
■ Taylor Boon	Director	6300 BRIDGEPOINT PARKWAY BLDG 3 SUITE 200 AUSTIN, TX 78730-5073
■ Daniel Lopez	Treasurer	6300 BRIDGEPOINT PARKWAY BLDG 3 SUITE 200 AUSTIN, TX 78730-5073
■ Stanley K. Kinnett, II	Secretary	6300 BRIDGEPOINT PARKWAY BLDG 3 SUITE 200 AUSTIN, TX 78730-5073
■ Paul Vredenburg	Director	6300 BRIDGEPOINT PKWY BLDG 3 SUITE 200 AUSTIN, TX 78730
■ Jim W. Henderson	Director	6300 BRIDGE POINT PKWY BLDG 3 STE 200 AUSTIN, TX 78730-5073
■ Kathleen Sullivan	President	6300 BRIDGEPOINT PARKWAY BLDG 3 SUITE 200 AUSTIN, TX 78730-5073



<input type="checkbox"/> Randy Larsen	Director	6300 BRIDGE POINT PKWY BLDG 3 STE 200 AUSTIN, TX 78730-5073
<input type="checkbox"/> Sean K. Smith	Director	6300 BRIDGE POINT PKWY BLDG 3 STE 200 AUSTIN, TX 78730-5073

The annual report must be signed by an authorized signer of the entity.
Job Title: Power of Attorney

Adam Deis 08/02/2023

Sign Here _____ Date _____