

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731006

**Entity Name:** INTERNATIONAL ASSOCIATION FOR HYDROGEN ENERGY, INC.**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**9542502715CC****Current Principal Place of Business:**5794 SW 40TH STREET  
SUITE 303  
MIAMI, FL 33155**Current Mailing Address:**4910 BILTMORE DR  
CORAL GABLES, FL 33146 US**FEI Number:** 51-0189699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VEZIROGLU, AYFER DR.  
5794 SW 40TH STREET  
SUITE 303  
MIAMI, FL 33155 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:** AYFER VEZIROGLU

01/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name SHEFFIELD, JOHN W DR.  
Address 5901 AUGUSTA BLVD.  
City-State-Zip: WEST LAFAYETTE IN 47906-8767

Title VP  
Name ALEXANDER , RAMENSKIY DR.  
Address NATIONAL ASSOCIATION FOR  
HYDROGEN ENERGY SRETENSKY  
BOULEVARD 6/1, BLD 1, OFFICE 72  
City-State-Zip: MOSCOW MOSCOW 101000

Title VP  
Name MAO, ZONG DR.  
Address A-314 ENERGY SCIENCE BUILDING  
TSINGHUA UNIVERSITY  
City-State-Zip: BEIJING 100084

Title VP  
Name SRIVASTAVA, ONKAR N DR.  
Address HYDROGEN ENERGY CENTER  
PHYSICS DEPARTMENT BANARAS  
HINDU UNIVERSITY  
City-State-Zip: VARANASI 221005

Title TREASURER, CFO, & EXECUTIVE VP  
Name VEZIROGLU, AYFER DR.  
Address 4910 BILTMORE DR  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name LINKOV, VLADIMIR DR.  
Address SAIAMC UNIVERSSSOUTH AFRICAN  
INSTITUTE FOR ADAVANCED  
MATERIAL CHEMISTRYITY OF THE  
WESTERN CAPE  
City-State-Zip: BELLVILLE 7535 ZA

Title VP  
Name BOLCICH, JUAN CARLOS DR.  
Address ASOCIACION ARGENTINA DEL  
HIDROGENO TARRAGO ROSS 144,  
P.O. BOX 8400  
City-State-Zip: RIO NEGRO

Title VP  
Name STOLTEN, DETLEF DR.  
Address JUELICH RESEARCH CENTER IEK-3  
FUEL CELLS, D-52425  
City-State-Zip: JUELICH RESEARCH CENTER IEK-3  
FUEL CELLS, D-52425

**Continues on page 2**

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** AYFER VEZIROGLU**TREASURER, CFO, &  
EXECUTIVE VP**

01/29/2021

**Officer/Director Detail Continued :**

Title VP  
Name UCHIDA, HIROHISA DR.  
Address 1117 KITA-KANAME  
City-State-Zip: HIRATSUKA-CITY 259-1-292