

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20907

Entity Name: ADHESIVES TECHNOLOGY CORPORATION**Current Principal Place of Business:**450 EAST COPANS RD
POMPANO BEACH, FL 33064**Current Mailing Address:**450 EAST COPANS RD
POMPANO BEACH, FL 33064 US**FEI Number:** 65-0053295**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCINTYRE, R. HART
450 EAST COPANS RD
POMPANO BEACH, FL 33064 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
Name	MCINTYRE, R. HART
Address	450 EAST COPANS RD
City-State-Zip:	POMPANO BEACH FL 33064

Title	VP, TREASURER
Name	EGGERT, CHARLES
Address	450 EAST COPANS RD
City-State-Zip:	POMPANO BEACH FL 33064

Title	VP, SECRETARY
Name	SEROUSSI, ROY
Address	450 EAST COPANS RD
City-State-Zip:	POMPANO BEACH FL 33064

Title	CFO
Name	PLEBAN, DAVID J
Address	450 EAST COPANS RD
City-State-Zip:	POMPANO BEACH FL 33064

Title	CEO
Name	PELTON, DANIEL
Address	450 EAST COPANS ROAD
City-State-Zip:	POMPANO BEACH FL

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: DAVID J. PLEBAN

CFO

04/10/2019

Electronic Signature of Signing Officer/Director Detail_____
Date