

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000005214

Entity Name: GEOSAM CAPITAL US GP LLC**Current Principal Place of Business:**424 LUNA BELLA LN STE 122
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**424 LUNA BELLA LN STE 122
NEW SMYRNA BEACH, FL 32168 US**FEI Number:** 46-0618453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, AMBER LYNN
424 LUNA BELLA LN STE 122
NEW SMYRNA BEACH, FL 32168 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**Authorized Person(s) Detail :**

Title	MANAGER, PRESIDENT
Name	ARMOYAN, GEORGE
Address	145 HOBSONS LAKE DRIVE, #400
City-State-Zip:	HALIFAX B3S 0H9

Title	MANAGER
Name	PHAM, MARTIN
Address	424 LUNA BELLA LANE SUITE 122
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	MANAGER
Name	SHAHINIAN, DAVID
Address	424 LUNA BELLA LANE SUITE 122
City-State-Zip:	NEW SMYRNA BEACH FL 32168-4685

Title	EXECUTIVE VICE-PRESIDENT
Name	JEFFERY, ROBERT J. M.
Address	145 HOBSONS LAKE SRIVE, #400
City-State-Zip:	HALIFAX B3S 0H9

Title	CORPORATE SECRETARY
Name	ARMOYAN, HRIPSIME
Address	145 HOBSONS LAKE DRIVE SUITE 400
City-State-Zip:	HALIFAX NS B3S 0H9

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. M. JEFFERY**EXECUTIVE VP****04/30/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date