2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000672

Entity Name: THE MANKIND PROJECT USA, INC.

Apr 30, 2015 Secretary of State CC7672172377

FILED

Current Principal Place of Business:

1188 SPORTSPLEX DRIVE, SUITE 203

KAYSVILLE, UT 84037

Current Mailing Address:

1188 SPORTPLEX DRIVE, SUITE 203 KAYSVILLE. UT 84037 US

FEI Number: 36-3712913 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURTH NORTH LOXAHATCHEE, FL 33470 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 **CHAIRMAN** Title DIRECTOR

POWELL, ROBERT POWELL, ROBERT Name Name 3431 HOLLY RD. 3431 HOLLY RD. Address Address

City-State-Zip: ANNANDALE VA 22003 ANNANDALE VA 22003 City-State-Zip:

Title DIRECTOR Title **PRESIDENT**

Name ELSER, MICHAEL Name POWELL, ROBERT Address 68 BLUE HERON DR. Address 3431 HOLLY RD.

PORTSMOUTH NH 03801 City-State-Zip: City-State-Zip: ANNANDALE VA 22003

VΡ Title **SECRETARY** Title

Name OSER, ROBERT Name ELSER. MICHAEL

Address 5803 SPRUCE HILL RD. Address 68 BLUE HERON DR. City-State-Zip: PROSPECT KY 40059 PORTSMOUTH NH 03801

City-State-Zip:

Title **TREASURER**

MCGREGOR, SCOTT Name

2051 CLIFF DR #16 Address

SANTA BARBARA CA 93109 City-State-Zip:

above, or on an attachment with all other like empowered.

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

04/30/2015 SIGNATURE: ROBERT POWELL **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date