

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 824029

Entity Name: MECS, INC.

**Current Principal Place of Business:**

974 CENTRE ROAD  
P.O. BOX 2915  
WILMINGTON, DE 19805

**Current Mailing Address:**

974 CENTRE ROAD  
PO BOX 1039  
WILMINGTON, DE 19899 US

FEI Number: 36-2684183

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CEO, DIRECTOR  
Name FEEHERY, WILLIAM F  
Address 974 CENTRE ROAD  
P.O. BOX 2915  
City-State-Zip: WILMINGTON DE 19805

Title VP  
Name SCHALL, KIRK  
Address 974 CENTRE ROAD  
P.O. BOX 2915  
City-State-Zip: WILMINGTON DE 19805

Title TREASURER  
Name WEI, CHRISTINE W  
Address 974 CENTRE ROAD  
P.O. BOX 2915  
City-State-Zip: WILMINGTON DE 19805

Title SECRETARY  
Name HERRIOTT, SIMON W  
Address 974 CENTRE ROAD  
P.O. BOX 2915  
City-State-Zip: WILMINGTON DE 19805

Title ASST. TREASURER  
Name TUINSTRA, ROBERT J  
Address 974 CENTRE ROAD  
P.O. BOX 2915  
City-State-Zip: WILMINGTON DE 19805

Title ASST. SECRETARY  
Name SHARPE, LORIANN LEA  
Address 974 CENTRE ROAD  
P.O. BOX 2915  
City-State-Zip: WILMINGTON DE 19805

*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: LORIANN LEA SHARPE

ASSISTANT SECRETARY 04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date