

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851000

Entity Name: XOMOX CORPORATION**Current Principal Place of Business:**4444 COOPER ROAD
CINCINNATI, OH 45242**Current Mailing Address:**100 FIRST STAMFORD PLACE
STAMFORD, CT 06902**FEI Number:** 31-0586781**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 PRESIDENT
Name ALCALA, ALEJANDRO
Address 4444 COOPER ROAD
City-State-Zip: CINCINNATI OH 45242

Title VICE PRESIDENT
Name SWEENEY, BRIAN
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title VP, TREASURER
Name ROWE, TAZWELL S
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title VP, SECRETARY
Name DUPONT, AUGUSTUS I
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title ASST. TREASURER, ASST.
 SECRETARY
Name PASSARELLI, SINA A
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY
Name DEE, CHRISTOPHER
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name MITCHELL, MAX H
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

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: SINA A PASSARELLI**ASSISTANT TREASURER 04/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date