

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000004447

**Entity Name:** SENSENICH COMPOSITES, INC.**Current Principal Place of Business:**2008 WOOD COURT  
PLANT CITY, FL 33567**Current Mailing Address:**120 SALLITT DR  
SUITE A  
STEVENSVILLE, MD 21666**FEI Number:** 52-2257762**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            PRESIDENT AND GENERAL  
                    MANAGER  
Name            ROWELL, DONALD J  
Address        4304 LONGFELLOW DRIVE  
City-State-Zip: PLANT CITY FL

Title            CEO  
Name            HOZIK, JOHN  
Address        120 SALLITT DR STE A  
City-State-Zip: STEVENSVILLE MD 21666

Title            D  
Name            BUTCHER, JONATHAN  
Address        120 SALLITT DR STE A  
City-State-Zip: STEVENSVILLE MD 21666

Title            CONTROLLER AND SECRETARY  
Name            SULLIVAN, DONNA  
Address        120 SALLITT DR STE A  
City-State-Zip: STEVENSVILLE MD 21666

Title            D  
Name            BUTCHER, MCBEE  
Address        120 SALLITT DR STE A  
City-State-Zip: STEVENSVILLE MD 21666

Title            D  
Name            BUTCHER, HOWARD IV  
Address        120 SALLITT DR  
                    SUITE A  
City-State-Zip: STEVENSVILLE MD 21666

*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: DONNA SULLIVAN****SECRETARY AND  
CONTROLLER****02/24/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date