

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001225

Entity Name: FRAMATOME INC.

**Current Principal Place of Business:**

3315 OLD FOREST ROAD  
OF28  
LYNCHBURG, VA 24501

**Current Mailing Address:**

3315 OLD FOREST ROAD  
LEGAL - OF 28  
LYNCHBURG, VA 24501 US

FEI Number: 54-1536465

Certificate of Status Desired: No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 & DIRECTOR  
Name            MIGNOGNA, GARY M  
Address        3315 OLD FOREST ROAD  
City-State-Zip: LYNCHBURG VA 24501

Title            SECRETARY  
Name            HILL, MICHAEL R  
Address        3315 OLD FOREST ROAD  
                  OF28  
City-State-Zip: LYNCHBURG VA 24501

Title            CFO & DIRECTOR  
Name            WILLIAMS, KATHERINE C  
Address        3315 OLD FOREST ROAD  
City-State-Zip: LYNCHBURG VA 24501

Title            ASSISTANT SECRETARY  
Name            LOBB, STEVEN  
Address        3315 OLD FOREST ROAD  
                  OF28  
City-State-Zip: LYNCHBURG VA 24501

Title            CHAIRMAN  
Name            LELIEVRE, FREDERIC  
Address        1 PLACE JEAN MILLIER  
                  TOUR AREVA  
City-State-Zip: COURBEVOIE 92400

Title            DIRECTOR  
Name            HILL, MICHAEL R  
Address        3315 OLD FOREST ROAD  
                  OF28  
City-State-Zip: LYNCHBURG VA 24501

Title            DIRECTOR  
Name            CORNAND, CATHERINE  
Address        1 PLACE JEAN MILLIER  
                  TOUR AREVA  
City-State-Zip: COURBEVOIE 92400

Title            DIRECTOR  
Name            GAIFFE, LIONEL  
Address        1 PLACE JEAN MILLIER  
                  TOUR AREVA  
City-State-Zip: COURBEVOIE 92400

**Continues on page 2**

*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: MICHAEL R HILL

SECRETARY

04/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PEO  
Name KIM, DONG  
Address 155 MILL RIDGE ROAD  
City-State-Zip: LYNCHBURG VA 24502

Title TREASURER  
Name WALLACE, DARLENE B  
Address 3315 OLD FOREST ROAD  
City-State-Zip: LYNCHBURG VA 24501