

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000003298

**Entity Name:** PARTSBASE, INC.

**Current Principal Place of Business:**

5401 BROKEN SOUND BLVD NW  
100  
BOCA RATON, FL 33487

**Current Mailing Address:**

5401 BROKEN SOUND BLVD NW  
100  
BOCA RATON, FL 33487 US

**FEI Number: 76-0604158**

**Certificate of Status Desired: No**

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

HAMMOND, ROBERT AJR.  
C/O PARTS BASE, INC.  
5401 BROKEN SOUND BLVD NW 100  
BOCA RATON, FL 33487 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  
Name            HAMMOND, ROBERT A  
Address        5401 BROKEN SOUND BLVD NW  
                  100  
City-State-Zip: BOCA RATON FL 33487

Title            CFO  
Name            HUBER, SIGRID M  
Address        5401 BROKEN SOUND BLVD NW  
                  100  
City-State-Zip: BOCA RATON FL 33487

Title            PRESIDENT  
Name            SCHMIDT, GREG  
Address        5401 BROKEN SOUND BLVD NW  
                  100  
City-State-Zip: BOCA RATON FL 33487

*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: SIGRID HUBER**

**CFO**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date