

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005410

Entity Name: BONSAI AMERICAN, INC.**Current Principal Place of Business:**8201 ARROWRIDGE BOULEVARD
CHARLOTTE, NC 28224**Current Mailing Address:**8201 ARROWRIDGE BOULEVARD
CHARLOTTE, NC 28224 US**FEI Number:** 58-2652780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	MASKE, J. DAVID
Address	8201 ARROWRIDGE BOULEVARD
City-State-Zip:	CHARLOTTE NC 28224

Title	TREASURER
Name	REILLY, BRIAN
Address	8201 ARROWRIDGE BOULEVARD
City-State-Zip:	CHARLOTTE NC 28224

Title	DIRECTOR, PRESIDENT
Name	ORTMAN, TIM
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	ASST. SECRETARY
Name	O'DRISCOL, MICHAEL G
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	ASST. SECRETARY
Name	HICKMAN, GARY P
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	SECRETARY
Name	O'NEILL, KEN
Address	8201 ARROWRIDGE BOULEVARD
City-State-Zip:	CHARLOTTE NC 28224

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: GARY P HICKMAN**ASSISTANT SECRETARY** 04/13/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date