

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003913

Entity Name: EURO-PRO MANAGEMENT COMPANY**Current Principal Place of Business:**180 WELLS AVE. SUITE 200
NEWTON, MA 02459**Current Mailing Address:**180 WELLS AVE. SUITE 200
NEWTON, MA 02459 US**FEI Number:** 38-3685665**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 CEO
Name ROSENZWEIG, MARK
Address 180 WELLS AVE. SUITE 200
City-State-Zip: NEWTON MA 02459

Title D
Name ROSENZWEIG, MARK
Address 180 WELLS AVE. SUITE 200
City-State-Zip: NEWTON MA 02459

Title T
Name LAGARTO, BRIAN
Address 180 WELLS AVE. SUITE 200
City-State-Zip: NEWTON MA 02459

Title P
Name BARROCAS, MARK
Address 180 WELLS AVE. SUITE 200
City-State-Zip: NEWTON MA 02459

Title S
Name MCCABE, JENNIFER
Address 180 WELLS AVE. SUITE 200
City-State-Zip: NEWTON MA 02459

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: BRIAN LAGARTO**EVP/CFO TREASURER****04/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date