

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006187

Entity Name: TURBOCOMBUSTOR TECHNOLOGY, INC.**Current Principal Place of Business:**3651 SE COMMERCE AVE
STUART, FL 34997**Current Mailing Address:**200 ADAMS STREET
MANCHESTER, CT 06042 US**FEI Number:** 20-0482306**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 PRESIDENT AND CEO, DIRECTOR
Name CROKE, STEVE
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name ROWE, DAVID
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title VP, GENERAL COUNSEL,
SECRETARY
Name GROCHOWSKI, RAYMOND BERNARD
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name SQUIER, DAVID
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name WHANG, DEREK
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name MALONE, PETER
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name ECHEMENDIA, MICHAEL
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title CFO, TREASURER, DIRECTOR
Name LEI, RITA
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

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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: RAYMOND BERNARD GROCHOWSKI**SECRETARY****04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FUJIYAMA, IAN
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name MEARS, ALEXANDER
Address 200 ADAMS STREET
City-State-Zip: MANCHESTER CT 06042