

2018 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:**3651 SE COMMERCE AVE.
STUART, FL 34997 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 ST
City-State-Zip: MANCHESTER CT 06042

Title DIRECTOR
Name ROWE, DAVID
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name PALMER, ADAM
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title VP, GENERAL COUNSEL,
 SECRETARY
Name GROCHOWSKI, RAYMOND BERNARD
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name COHEN, RODNEY
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name COLLINS, DALE
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name FUJIYAMA, IAN
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name HYUN-SUP BYUN, ERIC
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

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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****01/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MALONE, PETER
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR, CHAIRMAN
Name SQUIER, DAVID
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

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

Title DIRECTOR
Name WHANG, DEREK
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name DOTY, ELMER
Address 3651 SE COMMERCE AVE.
City-State-Zip: STUART FL 34997