

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003877

Entity Name: MAXWELL SYSTEMS PENNSYLVANIA, INC.**Current Principal Place of Business:**1515 SE WATER AVENUE
SUITE 300
PORTLAND, OR 97214**Current Mailing Address:**1515 SE WATER AVENUE
SUITE 300
PORTLAND, OR 97214 US**FEI Number:** 23-1723672**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
Name	KOTZABASAKIS, MANOLIS
Address	1515 SE WATER AVENUE SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	TREASURER
Name	LANG, KELLY
Address	1515 SE WATER AVENUE SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	SECRETARY
Name	ALLISON, JENNIFER
Address	1515 SE WATER AVENUE SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	DIRECTOR
Name	ABRAHAMSON, DARREN
Address	200 CLARENDON ST
City-State-Zip:	BOSTON MA 02116

Title	DIRECTOR
Name	HUMPHREY, DAVID
Address	200 CLARENDON ST
City-State-Zip:	BOSTON MA 02116

Title	DIRECTOR
Name	LORING, IAN
Address	200 CLARENDON ST
City-State-Zip:	BOSTON MA 02116

Title	DIRECTOR
Name	FUSCO, MARK
Address	155 GROVE ST
City-State-Zip:	WESTWOOD MA 02090

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: JENNIFER ALLISON**SECRETARY****04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date