

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003229

Entity Name: OHL USA, INC.**Current Principal Place of Business:**26-15 ULMER ST
FLUSHING, NY 11354**Current Mailing Address:**26-15 ULMER ST
FLUSHING, NY 11354 US**FEI Number:** 98-0461222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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 PATEL, ASHOK RANCHHODBHAI
Address 26-15 ULMER STREET
City-State-Zip: COLLEGE POINT NY 11354

Title EXECUTIVE VICE PRESIDENT
Name MUÑOZ GARCIA, MARIA PALOMA
Address 26-15 ULMER STREET
City-State-Zip: COLLEGE POINT NY 11354

Title SECRETARY
Name PEREIRA, CESAR F.
Address 26-15 ULMER STREET
City-State-Zip: COLLEGE POINT NY 11354

Title DIRECTOR
Name AGULLO JARAMILLO, ARTURO
Address PASEO DE LA CASTELLANA 259-D
TORRE ESPACIO
City-State-Zip: MADRID MADRID 28046

Title DIRECTOR
Name MARTINEZ ESTEBAN, IGNACIO
Address PASEO DE LA CASTELLANA 259-D
TORRE ESPACIO
City-State-Zip: MADRID MADRID 28046

Title DIRECTOR, CHAIRMAN
Name OSUNA GOMEZ, JUAN LUIS
Address PASEO DE LA CASTELLANA 259-D
TORRE ESPACIO
City-State-Zip: MADRID 28046

Title TREASURER, CFO
Name JOHNSTON, EDWARD
Address 26-15 ULMER ST
City-State-Zip: COLLEGE POINT NY 11354

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: CESAR F. PEREIRA**SECRETARY****04/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date