

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000779

Entity Name: PURE TECHNOLOGIES U.S. INC.**Current Principal Place of Business:**8920 STATE ROUTE 108
SUITE D
COLUMBIA, MD 21045**Current Mailing Address:**8920 STATE ROUTE 108
SUITE D
COLUMBIA, MD 21045 US**FEI Number:** 86-0853190**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 SECRETARY, DIRECTOR
Name BARLETT, ROBERT W
Address 8920 STATE ROUTE 108, SUITE D
City-State-Zip: COLUMBIA MD 21045

Title REGIONAL VICE PRESIDENT
Name GALLEHER, JOHN
Address 600 WEST BROADWAY
SUITE 500
City-State-Zip: SAN DIEGO CA 92101

Title VP, DIRECTOR
Name MCKEON, RYAN
Address 8920 STATE ROUTE 108
SUITE D
City-State-Zip: COLUMBIA MD 21045

Title ASSISTANT SECRETARY
Name BAIR, ALAN
Address 8920 STATE ROUTE 108
SUITE D
City-State-Zip: COLUMBIA MD 21045

Title REGIONAL VICE PRESIDENT
Name PADEWSKI, EDWARD
Address 3040 STATE ROUTE 22 WEST
SUITE 130
City-State-Zip: BRANCHBURG NJ 08876

Title DIRECTOR, TREASURER, VP
Name HARDEE, MARK
Address 637 DAVIS DRIVE
City-State-Zip: MORRISVILLE NC 27560

Title VP, ASST. TREASURER
Name GLADSTEIN, THERESA
Address 1 INTERNATIONAL DRIVE
City-State-Zip: RYE BROOK NY 10573

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: ALAN BAIR**ASSISTANT SECRETARY** 04/10/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date