

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000883

Entity Name: NUTRITION SERVICES RESEARCH, INC.**Current Principal Place of Business:**1108 KANE CONCOURSE
224
BAY HARBOUR ISLANDS, FL 33154**Current Mailing Address:**1108 KANE CONCOURSE
224
BAY HARBOUR ISLANDS, FL 33154**FEI Number:** 20-8552434**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 CHRM
Name VERET, AMALRIC
Address 5EME AENUE-17EME RUE
City-State-Zip: BP556 CARROS FR 06516Title P
Name VERET, AMALRIC
Address 5EME AENUE-17EME RUE
City-State-Zip: BP556 CARROS FR 06516Title VCHR
Name VERET, PATRICK
Address 5EME AENUE-17EME RUE
City-State-Zip: BP556 CARROS FR 06516Title VP
Name VERET, PATRICK
Address 5EME AENUE-17EME RUE
City-State-Zip: BP556 CARROS FR 06516Title S
Name GM, LAUSSEURE
Address 1108 KANE CONCOURSE
STE 224
City-State-Zip: BAY HARBOR ISLANDS FL 33154

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: GM, LAUSSEURE

CEO

02/25/2014

Electronic Signature of Signing Officer/Director Detail_____
Date