

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001808

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC1695432687**

**Entity Name:** THE TECHNOWISE GROUP, INC.

**Current Principal Place of Business:**

6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
BOCA RATON, FL 33487

**Current Mailing Address:**

6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
BOCA RATON, FL 33487 US

**FEI Number: 26-4738300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
SUITE #221E  
PALM BEACH GARDENS, FL 33410 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: JAMES PERKINS, VICE PRESIDENT**

**04/29/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ZAGA, RAFAEL E  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR, CEO  
Name ZAGA, RAFAEL E.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT, COO  
Name MCDONALD, DONALD J  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title CTO  
Name TOBIN, MICHAEL G.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title SVP - ADMINISTRATION & FINANCE  
Name GETZOFF, STEVEN B.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title VP - MANUFACTURING  
Name HANDAL, JOSE A.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name EL-MANN, ANDRE L.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name GRIFFITH, BRADLEY G.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

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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: DONALD J. MCDONALD**

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HNATEK, JOSEPH DR.  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title HONORARY DIRECTOR  
Name WYNN, TERRY  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487

Title CFO  
Name CURRERI, V. JONATHAN  
Address 6100 BROKEN SOUND PARKWAY NW  
SUITE 1  
City-State-Zip: BOCA RATON FL 33487