

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002383

Entity Name: DECCO U.S. POST-HARVEST, INC.**Current Principal Place of Business:**630 FREEDOM BUSINESS CENTER
SUITE 402
KING OF PRUSSIA, PA 19406**Current Mailing Address:**630 FREEDOM BUSINESS CENTER
SUITE 402
KING OF PRUSSIA, PA 19406**FEI Number:** 26-4557448**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	PRESIDENT, DIRECTOR
Name	GIRIN, FRANCOIS
Address	630 FREEDOM BUSINESS CENTER SUITE 402
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	TREASURER, DIRECTOR
Name	PALAC, MADELINE
Address	630 FREEDOM BUSINESS CENTER SUITE 402
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	SECRETARY
Name	KAMDAR, SHYAM
Address	630 FREEDOM BUSINESS CENTER SUITE 402
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	VP, DIRECTOR
Name	SARGENT, JIM
Address	630 FREEDOM BUSINESS CENTER SUITE 402
City-State-Zip:	KING OF PRUSSIA PA 19406

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: SHYAM KAMDAR**SECRETARY****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date