## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002933

**Entity Name: POLYGON US CORPORATION** 

**Current Principal Place of Business:** 

15 SHARPNERS POND ROAD

**BUILDING F** 

NORTH ANDOVER, MA 01845

**Current Mailing Address:** 

15 SHARPNERS POND ROAD BUILDING F

NORTH ANDOVER, MA 01845 US

FEI Number: 27-2892115 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 22, 2021

**Secretary of State** 

4594856654CC

Officer/Director Detail:

Title CONTROLLER, TREASURER,

**SECRETARY** 

Name EISENHAURE, JAMES

Address 15 SHARPNERS POND ROAD

**BUILDING F** 

City-State-Zip: NORTH ANDOVER MA 01845

Title DIRECTOR

Name SELLARS, THOMAS J.

Address 15 SHARPNERS POND ROAD

**BUILDING F** 

City-State-Zip: NORTH ANDOVER MA 01845

Title CHAIRMAN

Name YOUNG, CHRISTOPHER

Address 15 SHARPNERS POND ROAD

**BUILDING F** 

City-State-Zip: NORTH ANDOVER MA 01845

Title PRESIDENT

Name DOBOSZ, FRANK

Address 15 SHARPNERS POND ROAD

BUILDING F

City-State-Zip: NORTH ANDOVER MA 01845

Title DIRECTOR

Name ENRIQUE, ERNEST C.

Address 15 SHARPNERS POND ROAD

**BUILDING F** 

City-State-Zip: NORTH ANDOVER MA 01845

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: JAMES EISENHAURE

CONTROLLER, TREASURER, SECRETARY 04/22/2021