

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003588

Entity Name: ALCOTRA NORTH AMERICA INC.**Current Principal Place of Business:**2603 AUGUSTA DR.
SUITE 1250
HOUSTON, TX 77057**Current Mailing Address:**2603 AUGUSTA DR.
SUITE 1250
HOUSTON, TX 77057**FEI Number:** 65-0858807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH LTD., INC.
155 OFFICE PLAZA DRIVE
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
Name MEEUS, CONSTANTIN
Address BLVD DU SOVERAIN 100
 BTE 9
City-State-Zip: BRUSSELS 1170

Title DIRECTOR
Name MEEUS, BERNARD
Address BLVD DU SOVERAIN 100
 BTE9
City-State-Zip: BRUSSELS 1170

Title DIRECTOR
Name MEEUS, MICHEL
Address BLVD DU SOVERAIN 100
 BTE 9
City-State-Zip: BRUSSELS 1170

Title VP
Name VIATOUR, THOMAS
Address BLVD DU SOVERAIN 100
 BTE 9
City-State-Zip: BRUSSELS 1170

Title SECRETARY
Name DIETZ, JAY
Address 2603 AUGUSTA DR.
 SUITE 1250
City-State-Zip: HOUSTON TX 77057

Title DIRECTOR
Name PEERS, CHARLES-ALBERT
Address BLVD DU SOVERAIN 100
 BTE 9
City-State-Zip: BRUSSELS 1170

Title VP
Name PAZ, FREDDY
Address 2603 AUGUSTA DR.
 SUITE 1250
City-State-Zip: HOUSTON TX 77057

Title VP
Name BOUTON, MICHEL
Address BLVD DU SOVERAIN 100
 BTE 9
City-State-Zip: BRUSSELS 1170

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: JAY DIETZ**SECRETARY****03/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date