

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004027

Entity Name: EFACEC USA, INC.**Current Principal Place of Business:**2725 NORTHWOODS PARKWAY
SUITE B
NORCROSS, GA 30071**Current Mailing Address:**2725 NORTHWOODS PARKWAY
SUITE B
NORCROSS, GA 30071 US**FEI Number: 65-1069144****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	CHAIRMAN
Name	DA CRUZ RAMALHO, ANGELO MANUEL
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071

Title	CFO, TREASURER
Name	LISBOA, JOAO
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071

Title	DIRECTOR
Name	ALVES DELGADO, LUIS HENRIQUE MARCELINO
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071

Title	VICE PRESIDENT
Name	PEREIRA, PAULO
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071

Title	PRESIDENT, CEO
Name	ANDERSON, MIKE
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071
Title	DIRECTOR
Name	DA SILVA NUNES, FRANCISCO JOSE MEIRA
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071
Title	SECRETARY
Name	BINION, PAT
Address	2725 NORTHWOODS PARKWAY SUITE B
City-State-Zip:	NORCROSS GA 30071

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: PAT BINION**SECRETARY****04/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date