2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004139

Entity Name: NOVASOM, INC.

Current Principal Place of Business:

801 CROMWELL PARK DR SUITE 108

GLEN BURNIE, MD 21061

Current Mailing Address:

801 CROMWELL PARK DR SUITE 108 GLEN BURNIE, MD 21061 US

FEI Number: 77-0328116 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

FILED Jan 09, 2018

Secretary of State

CC9892000639

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 EXECUTIVE VP

 Name
 OLIVA, ADELE
 Name
 COPPOLA, MICHAEL

Address 801 CROMWELL PARK DR SUITE 108 Address 801 CROMWELL PARK DR SUITE 108

City-State-Zip: GLEN BURNIE MD 21061 City-State-Zip: GLEN BURNIE MD 21061

 Title
 PRESIDENT, COO
 Title
 CEO, DIRECTOR

 Name
 STOKES, GREG
 Name
 SPITZNAGEL, JOHN

Address 801 CROMWELL PARK DR SUITE 108 Address 801 CROMWELL PARK DR SUITE 108

City-State-Zip: GLEN BURNIE MD 21061 City-State-Zip: GLEN BURNIE MD 21061

Title CFO, EXECUTIVE VP Title EXECUTIVE VP
Name JANOFSKY, MARK Name BICZAK, ERNIE

Address 801 CROMWELL PARK DR SUITE 108 Address 801 CROMWELL PARK DR SUITE 108

City-State-Zip: GLEN BURNIE MD 21061 City-State-Zip: GLEN BURNIE MD 21061

TitleDIRECTORTitleDIRECTORNameSISKO, BRIANNameNADAV, ERAN

Address 801 CROMWELL PARK DR SUITE 108 Address 801 CROMWELL PARK DR SUITE 108

City-State-Zip: GLEN BURNIE MD 21061 City-State-Zip: GLEN BURNIE MD 21061

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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: CHERYL BONANNO

AUTHORIZED PERSON

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SECRETARY Title DIRECTOR

Name LYNCH, J. CHRISTOPHER Name STODDARD, JACK

Address 801 CROMWELL PARK DR SUITE 108 Address 801 CROMWELL PARK DR SUITE 108

City-State-Zip: GLEN BURNIE MD 21061 City-State-Zip: GLEN BURNIE MD 21061

Title DIRECTOR Title OTHER

Name GRENFELL, STEVEN Name BONANNO, CHERYL

Address 801 CROMWELL PARK DR SUITE 108 Address 801 CROMWELL PARK DR SUITE 108

City-State-Zip: GLEN BURNIE MD 21061 City-State-Zip: GLEN BURNIE MD 21061