

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001335

Entity Name: AOS USA, INC.**Current Principal Place of Business:**399 PARK AVENUE, 11TH
NEW YORK, NY 10022**Current Mailing Address:**399 PARK AVENUE, 11TH
NEW YORK, NY 10022 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O 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**Officer/Director Detail :**

Title	DIRECTOR
Name	BARLOW, MATTHEW
Address	399 PARK AVENUE, 11TH
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	PANTAZIS, JOHN
Address	399 PARK AVENUE, 11TH
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	STEIR, MITCHELL
Address	399 PARK AVENUE, 11TH
City-State-Zip:	NEW YORK NY 10022

Title	SECRETARY
Name	TOWNE, L. STANTON
Address	399 PARK AVENUE, 11TH
City-State-Zip:	NEW YORK NY 10022

Title	PRESIDENT
Name	COLACINO, MICHAEL
Address	399 PARK AVENUE, 11TH
City-State-Zip:	NEW YORK NY 10022

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: L. STANTON TOWNE**SECRETARY****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date