

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000191

Entity Name: WEX INC.**Current Principal Place of Business:**225 GORHAM ROAD
SOUTH PORTLAND, ME 04106**Current Mailing Address:**97 DARLING AVENUE
SOUTH PORTLAND, ME 04106 US**FEI Number:** 01-0526993**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

Officer/Director Detail :

Title CHAIRMAN
Name DUBYAK, MICHAEL ECEO
Address 97 DARLING AVENUE
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name MAHEU, RONALD T
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title CEO, PRESIDENT, DIRECTOR
Name SMITH, MELISSA D
Address 97 DARLING AVENUE
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name DUPRAT, ERIC
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title VC
Name MORIARTY, ROWLAND T
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name POND, KIRK P
Address 97 DARLING AVENUE
City-State-Zip: SOUTH PORTLAND ME 04106

Title SVP, SECRETARY
Name RAPKIN, HILARY A
Address 97 DARLING AVENUE
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name MCTAVISH, GEORGE L
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

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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: HILARY A. RAPKIN**SECRETARY****04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VANWOERKOM, JACK
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name GHOSH, SHIKHAR
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name NEARY, JAMES
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name SOMMER, REGINA O
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name BACHMAN, JOHN E.
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106

Title TREASURER
Name THOMAS, MICHAEL E.
Address 225 GORHAM ROAD
City-State-Zip: SOUTH PORTLAND ME 04106