

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000279

**Entity Name:** THERMAX INC.

**Current Principal Place of Business:**

16200 PARK ROW  
SUITE 190  
HOUSTON , TX 77084

**Current Mailing Address:**

16200 PARK ROW  
SUITE 190  
HOUSTON , TX 77084 US

**FEI Number:** 13-4144240

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
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 CFO  
Name HINGWE, SUNEEL  
Address 16200 PARK ROW  
SUITE 190  
City-State-Zip: HOUSTON TX 77084

Title DIRECTOR  
Name VAISHNAV, ASHISH M  
Address THERMAX HOUSE  
14 MUMBAI PUNE ROAD  
City-State-Zip: WAKDEWADI, PUNE 411003

Title DIRECTOR  
Name SHAH, ABHAY R  
Address THERMAX HOUSE  
14 MUMBAI PUNE ROAD  
City-State-Zip: WAKDEWADI, PUNE 411003

Title DIRECTOR  
Name SITARAMAN, KRISHNAN  
Address THERMAX HOUSE  
14 MUMBAI PUNE ROAD  
City-State-Zip: WAKDEWADI, PUNE 411003

Title DIRECTOR  
Name MUKHOPADHYAY, AMITABHA  
Address THERMAX HOUSE  
14 MUMBAI PUNE ROAD  
City-State-Zip: WAKDEWADI, PUNE 411003

*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:** SUNEEL HINGWE

CFO

02/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date