

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003223

Entity Name: MD SOLARSCIENCES CORP.

Current Principal Place of Business:

9 WEST BROAD STREE, SUITE 320
STAMFORD, CT 06902

Current Mailing Address:

9 WEST BROAD STREE, SUITE 320
STAMFORD, CT 06902 US

FEI Number: 27-1020344

Certificate of Status Desired: No

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 C
Name FRIEDMAN, ROBERT JDR.
Address 9 WEST BROAD STREET
SUITE 320
City-State-Zip: STAMFORD CT 06902

Title D
Name RUCHEFSKY, STEVEN B
Address 9 WEST BROAD STREET
SUITE 320
City-State-Zip: STAMFORD CT 06902

Title D
Name FRIEDMAN, SETH
Address 9 WEST BROAD STREET
SUITE 320
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name FISHMAN, ALAN
Address 9 WEST BROAD STREET
SUITE 320
City-State-Zip: STAMFORD CT 06902

Title VP OF FINANCE
Name MELHUISH, ANN
Address 9 WEST BROAD STREET
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name JOHNSON, SUZANNE
Address 9 WEST BROAD STREE, SUITE 320
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name WINTER, BENJAMIN
Address 9 WEST BROAD STREE, SUITE 320
City-State-Zip: STAMFORD CT 06902

Title PRESIDENT
Name USELMANN, DON
Address 9 WEST BROAD STREE, SUITE 320
City-State-Zip: STAMFORD CT 06902

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: ANN MELHUISH

VP OF FINANCE

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date