2020 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		Title	D
Name	FRIEDMAN, ROBERT JDR.		Name	RUCHEFSKY, STEVEN B
Address	9 WEST BROAD STREET SUITE 320		Address	9 WEST BROAD STREET SUITE 320
City-State-Zip:	STAMFORD CT 06902		City-State-Zip:	STAMFORD CT 06902
Title	DIRECTOR		Title	VP OF FINANCE
Name	FISHMAN, ALAN		Name	MELHUISH, ANN
Address	9 WEST BROAD STREET SUITE 320		Address	9 WEST BROAD STREET
City-State-Zip:	STAMFORD CT 06902		City-State-Zip:	STAMFORD CT 06902
Title	DIRECTOR		Title	DIRECTOR
Name	JOHNSON, SUZANNE		Name	WINTER, BENJAMIN
Address	9 WEST BROAD STREE, SUITE 320		Address	9 WEST BROAD STREE, SUITE 320
City-State-Zip:	STAMFORD CT 06902		City-State-Zip:	STAMFORD CT 06902
Title	CEO			
Name	PLATO, RENEE			
Address	9 WEST BROAD STREET, 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   03/17/2020

Electronic Signature of Signing Officer/Director Detail | Date