

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003223

**Entity Name:** MD SOLARSCIENCES CORP.

**Current Principal Place of Business:**

128 EAST AVENUE, LOBBY LEVEL  
NORWALK, CT 06851

**Current Mailing Address:**

128 EAST AVENUE, LOBBY LEVEL  
NORWALK, CT 06851

**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 128 EAST AVENUE, LOBBY LEVEL  
City-State-Zip: NORWALK CT 06851

Title D  
Name RUCHEFSKY, STEVEN B  
Address 128 EAST AVENUE, LOBBY LEVEL  
City-State-Zip: NORWALK CT 06851

Title D  
Name FRIEDMAN, SETH  
Address 128 EAST AVENUE, LOBBY LEVEL  
City-State-Zip: NORWALK CT 06851

Title VP  
Name FRIEDMAN, SCOTT  
Address 128 EAST AVENUE, LOBBY LEVEL  
City-State-Zip: NORWALK CT 06851

Title DIRECTOR  
Name FISHMAN, ALAN  
Address 128 EAST AVENUE  
LOBBY LEVEL  
City-State-Zip: NORWALK CT 06851

Title SECRETARY  
Name LATTARULO, LINDA  
Address 128 EAST AVENUE, LOBBY LEVEL  
City-State-Zip: NORWALK CT 06851

*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:** LINDA LATTARULO

**CPA, CONTROLLER**

**01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date