

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003913

Entity Name: TESCAN USA INC.

**Current Principal Place of Business:**

765 COMMONWEALTH DRIVE, SUITE 101  
WARRENDALE, PA 15086

**Current Mailing Address:**

765 COMMONWEALTH DRIVE, SUITE 101  
WARRENDALE, PA 15086

FEI Number: 25-1576402

Certificate of Status Desired: Yes

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., SUITE 4  
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           TREASURER  
Name           MILLER, JONATHAN W  
Address        765 COMMONWEALTH DRIVE, SUITE  
                  101  
City-State-Zip: WARRENDALE PA 15086

Title           SECRETARY  
Name           FINNELL, CHRISTNE L  
Address        765 COMMONWEALTH DRIVE, SUITE  
                  101  
City-State-Zip: WARRENDALE PA 15086

Title           CHAIRMAN OF THE BOARD  
Name           CHEN, JEAN-CHARLES  
Address        765 COMMONWEALTH DRIVE, SUITE  
                  101  
City-State-Zip: WARRENDALE PA 15086

Title           DIRECTOR  
Name           OWENS, ANTHONY D  
Address        765 COMMONWEALTH DRIVE, SUITE  
                  101  
City-State-Zip: WARRENDALE PA 15086

Title           PRESIDENT  
Name           MILLER, JONATHAN W  
Address        765 COMMONWEALTH DRIVE, SUITE  
                  101  
City-State-Zip: WARRENDALE PA 15086

Title           DIRECTOR  
Name           SUSTEK, PAVEL  
Address        765 COMMONWEALTH DRIVE, SUITE  
                  101  
City-State-Zip: WARRENDALE PA 15086

*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: JONATHAN W MILLER

TREASURER

03/27/2024

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

\_\_\_\_\_  
Date