

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003715

**Entity Name:** BIOCOMPOSITES INC.**Current Principal Place of Business:**700 MILITARY CUTOFF RD.  
SUITE 320  
WILMINGTON, NC 28405**Current Mailing Address:**700 MILITARY CUTOFF RD.  
SUITE 320  
WILMINGTON, NC 28405 US**FEI Number:** 36-4371987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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        PRESIDENT, DIRECTOR  
Name        BRATT, JOHN STEPHEN  
Address     700 MILITARY CUTOFF RD.  
             SUITE 320  
City-State-Zip: WILMINGTON NC 28405

Title        CFO, DIRECTOR  
Name        HESP, MICHAEL  
Address     700 MILITARY CUTOFF RD.  
             SUITE 320  
City-State-Zip: WILMINGTON NC 28405

Title        DIRECTOR  
Name        PELOSI, ROBERT  
Address     700 MILITARY CUTOFF RD.  
             SUITE 320  
City-State-Zip: WILMINGTON NC 28405

Title        DIRECTOR  
Name        WATERS, RUSSELL DAVID  
Address     700 MILITARY CUTOFF RD.  
             SUITE 320  
City-State-Zip: WILMINGTON NC 28405

Title        SECRETARY  
Name        WATKINS, VERNON  
Address     700 MILITARY CUTOFF RD.  
             SUITE 320  
City-State-Zip: WILMINGTON NC 28405

*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:** MICHAEL HESP

CFO

03/29/2016

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