Entity Nam	ON Secretary of State CC0990513717		
Current Pri	ncipal Place of Business:		666556515717
17 MILLER AV	Έ.		
YORKTOWN H	HEIGHTS, NY 10598		
Current Ma	iling Address:		
PO BOX 51	7		
SHENORO	CK, NY 10587		
FEI Numbe	r: 13-4166857		Certificate of Status Desired: No
Name and	Address of Current Registered	Agent:	
	ES, INC. PINE ISLAND ROAD FL 33324 US		
The above name	ed entity submits this statement for the purpose	e of changing its registered office or regis	tered agent, or both, in the State of Florida.
SIGNATUR	E:		
	Electronic Signature of Registered A	gent	Date
Officer/Dire	ector Detail :		
Title	Р	Title	S/T
Name	JAFFE, ROBERT S DR.	Name	EISENHART, BRUCE S
Address	PO BOX 517	Address	15387 TWIN CREEKS COURT
City-State-Zip:	SHENOROCK NY 10587	City-State-Zip:	CENTREVILLE VA 20120

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# E13000003853

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: ROBERT S. JAFFE, PH.D., CSEP

PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail