

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004137

**Entity Name:** ONPROCESS TECHNOLOGY, INC.

**Current Principal Place of Business:**

200 HOMER AVENUE  
ASHLAND, MA 01721

**FILED**  
**Feb 20, 2019**  
**Secretary of State**  
**5855931883CC**

**Current Mailing Address:**

200 HOMER AVENUE  
ASHLAND, MA 01721

**FEI Number: 04-3406986**

**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           PRESIDENT  
Name           WOODEN, MICHAEL  
Address        200 HOMER AVE  
City-State-Zip: ASHLAND MA 01721

Title           DIRECTOR  
Name           RICHARDSON, STEVEN M  
Address        165 VILLAGE ST  
City-State-Zip: MEDWAY MA 02053

Title           DIRECTOR  
Name           ANGLES, VICTOR MAARTINEZ  
Address        27B LINDSTROM ROAD  
City-State-Zip: STAMFORD CT 06902

Title           DIRECTOR  
Name           AGGARWAL, LALIT  
Address        C-10 1ST FLOOR EXN PART 2  
City-State-Zip: NEW DEHLI INDIA

Title           DIRECTOR  
Name           BHAYANA, ROHIT  
Address        64 SECTOR 14 GURGAON  
City-State-Zip: GURGAON INDIA 122001

Title           SECRETARY  
Name           BRUCKMANN, ROBERT J  
Address        200 HOMER AVENUE  
City-State-Zip: ASHLAND MA 01721

Title           DIRECTOR  
Name           BOYER, FRANK  
Address        5870 MOUNTAIN MAHOGANY LANE  
City-State-Zip: JACKSON WY 83001

Title           DIRECTOR  
Name           LOPEZ, PETER  
Address        430 WEST ROAD  
City-State-Zip: RICHMOND MA 02154

**Continues on page 2**

*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: STEVEN M. RICHARDSON**

**DIRECTOR**

**02/20/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WOODEN, MICHAEL  
Address        200 HOMER AVENUE  
City-State-Zip: ASHLAND MA 01721

Title           DIRECTOR  
Name           BRUCKMANN, ROBERT J  
Address        200 HOMER AVENUE  
City-State-Zip: ASHLAND MA 01721