

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004278

**Entity Name:** MLEX US, INC.**Current Principal Place of Business:**230 PARK AVE  
SEVENTH FLOOR  
NEW YORK, NY 10169**Current Mailing Address:**1105 NORTH MARKET STREET, SUITE 501  
WILMINGTON, DE 19801**FEI Number:** 99-0362554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O 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	CP
Name	MCLEOD, ROBERT
Address	1776 I STREET, N.W., SUITE 260
City-State-Zip:	WASHINGTON DC 20006

Title	DIRECTOR, TREASURER
Name	FOGARTY, KENNETH
Address	313 WASHINGTON ST
City-State-Zip:	NEWTON MA 02458

Title	DIRECTOR
Name	GOLDWEITZ, JULIE
Address	230 PARK AVE
City-State-Zip:	NEW YORK NY 10169

Title	DIRECTOR
Name	THOMPSON, KENNETH
Address	9443 SPRINGBORO PIKE
City-State-Zip:	MIAMISBURG OH 45342

Title	DIRECTOR
Name	WALSH, MICHAEL
Address	230 PARK AVE
City-State-Zip:	NEW YORK NY 10169

Title	SECRETARY
Name	MCDUGALL, IAN
Address	230 PARK AVE
City-State-Zip:	NEW YORK NY 10169

Title	VP
Name	SIMONTON, RENEE
Address	1105 NORTH MARKET ST
City-State-Zip:	WIMLINGTON DE 19801

Title	VP
Name	DANGOIA, PETER
Address	313 WASHINGTON ST
City-State-Zip:	NEWTON MA 02458

**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: RENEE SIMONTON****VICE PRESIDENT****02/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASST. TREASURER	Title	VP
Name	HORGAN, MARY ANN	Name	FROMMER, CREIGHTON
Address	313 WASHINGTON ST	Address	1000 ALDERMAN
City-State-Zip:	NEWTON MA 02458	City-State-Zip:	ALPHARETTA GA 30005