

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004679

Entity Name: BOLT SOLUTIONS, INC**Current Principal Place of Business:**90 PARK AVENUE
SUITE 1700
NEW YORK, NY 10016**Current Mailing Address:**90 PARK AVENUE
SUITE 1700
NEW YORK, NY 10016 US**FEI Number:** 52-2235415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7, SUITE 106
DAVIE, FL 33314 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 DCEO
Name GEWIRTZMAN, ERIC
Address 90 PARK AVENUE
City-State-Zip: NEW YORK NY 10016

Title DOF
Name MOUSSARI, YOSSEI
Address 90 PARK AVENUE, SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title EVP
Name HAMMOND, TOM
Address 90 PARK AVENUE, SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name DOTAN, AMI
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name LUCHS, CHARLES
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name TYRIE, ROB
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name LICHTEN, ROBERT M
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name VAN SLYCK, SCOTT
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

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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: YOSSEI MOUSSARI

DOF

04/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name MAZOR, DANIEL
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name LAWLOR, BRIAN
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name DUPIS, AARON
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name FOLEY, MATHEW
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name WHITE, ERIC DENNIS
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name CURRY, KEITH
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name CLARK, JOHN
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name SHALABY, OMER
Address 90 PARK AVENUE
SUITE 1700
City-State-Zip: NEW YORK NY 10016