

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004679

Entity Name: BOLT SOLUTIONS, INC**Current Principal Place of Business:**90 PARK AVENUE
SUITE 1720
NEW YORK, NY 10016**Current Mailing Address:**90 PARK AVENUE
SUITE 1720
NEW YORK, NY 10016**FEI Number:** 52-2235415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRORI, OMER
3692 HOLLINGSWORTH STREET
JACKSONVILLE, FL 32205 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 PD
Name KATZ, ARI
Address 90 PARK AVENUE, SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title COO
Name ZILBER, SINAI
Address 90 PARK AVENUE, SUITE 1720
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 EVP
Name ATTIA, TIM
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 LICHTEN, ROBERT
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

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title D
Name LOFTUS, JOHN
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name O'HARE, DEAN
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 WHITE, ERIC DENNIS
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

Title OFFICER
Name RIZZO, ROBERT F
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

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

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

Title CFO
Name KATAN, EREZ
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

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

Title OFFICER
Name LAWLOR, BRIAN J
Address 90 PARK AVENUE
SUITE 1720
City-State-Zip: NEW YORK NY 10016

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

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