

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005456

**Entity Name:** CREAFORM U.S.A. INC.

**Current Principal Place of Business:**

1100 CASSATT ROAD  
BERWYN, PA 19312

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC0926995720**

**Current Mailing Address:**

1100 CASSATT ROAD  
BERWYN, PA 19312

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            LAMONTAGNE, MARTIN  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

Title            SECRETARY  
Name            ATWELL, JOY D.  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

Title            TREASURER  
Name            PAVE, MARK S.  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

Title            DIRECTOR  
Name            WILSON, BRUCE P.  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

Title            ASSISTANT TREASURER  
Name            FRANK, DAVID A.  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

Title            DIRECTOR  
Name            BURKE, WILLIAM J.  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

Title            VICE PRESIDENT  
Name            FEIT, ROBERT S.  
Address        1100 CASSATT ROAD  
City-State-Zip: BERWYN PA 19312

*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: DAVID A. FRANK**

**ASSISTANT TREASURER    01/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date