

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002746

**Entity Name:** NICONOVUM USA, INC.

**Current Principal Place of Business:**

401 NORTH MAIN STREET  
WINSTON-SALEM, NC 27101

**Current Mailing Address:**

PO BOX 3000  
WINSTON-SALEM, NC 27102 US

**FEI Number:** 27-1436152

**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 SECRETARY  
Name NEWELL, ARIANE N  
Address 401 NORTH MAIN STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title PRESIDENT, DIRECTOR  
Name FITZIN, THOMAS J  
Address 401 NORTH MAIN STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title ASST. SECRETARY  
Name MESSICK, PATRICK Z  
Address 401 NORTH MAIN STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title TREASURER  
Name FAWLEY, DANIEL A.  
Address 401 NORTH MAIN STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title DIRECTOR  
Name FOLAN, MCDARA P. III  
Address 401 NORTH MAIN STREET  
City-State-Zip: WINSTON-SALEM NC 27101

*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:** PATRICK Z. MESSICK

**ASSISTANT SECRETARY** 04/18/2017

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

\_\_\_\_\_ Date