

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F16000001558

Entity Name: N-IX USA INC.**Current Principal Place of Business:**347 FIFTH AVENUE
SUITE 1009
NEW YORK, NY 10016**Current Mailing Address:**347 FIFTH AVENUE
SUITE 1009
NEW YORK, NY 10016 US**FEI Number:** 32-0487125**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLING COMMONS BLVD
STE 400
FT MYERS, FL 33907 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 | C | Title | D |
| Name | PAVLIV, ANDRIY | Name | KOSARYEV, DMYTRO |
| Address | 347 FIFTH AVENUE SUITE 1009 | Address | 347 FIFTH AVENUE SUITE 1009 |
| City-State-Zip: | NEW YORK NY 10016 | City-State-Zip: | NEW YORK NY 10016 |
| Title | D | Title | PT |
| Name | DESHCHYNSKY, PAVLO | Name | PESIN, IVAN |
| Address | 347 FIFTH AVENUE SUITE 1009 | Address | 347 FIFTH AVENUE SUITE 1009 |
| City-State-Zip: | NEW YORK NY 10016 | City-State-Zip: | NEW YORK NY 10016 |
| Title | S | Title | VP |
| Name | GUMENIUK, MARYNA | Name | REVA , DMYTRO |
| Address | 347 FIFTH AVENUE SUITE 1009 | Address | 347 FIFTH AVENUE SUITE 1009 |
| City-State-Zip: | NEW YORK NY 10016 | City-State-Zip: | NEW YORK NY 10016 |

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: IVAN PESIN**PRESIDENT****02/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date