

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002961

**Entity Name:** ECOLANE USA INC.**Current Principal Place of Business:**2601 NAVISTAR DRIVE  
LISLE, IL 60532**Current Mailing Address:**2601 NAVISTAR DRIVE  
LISLE, IL 60532 US**FEI Number:** 26-1890678**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 DIRECTOR  
Name CRAWFORD, JUDITH A.  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title DIRECTOR  
Name SUAREZ, ALEJANDRO CASTRO  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title TREASURER  
Name SUAREZ, ALEJANDRO CASTRO  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title DIRECTOR  
Name ASHLEY, MATTHEW  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title PRESIDENT  
Name ASHLEY, MATTHEW  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title DIRECTOR  
Name WAITS, GARY L. JR.  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title DIRECTOR  
Name CAPERS, DOROTHY G.  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

Title SECRETARY  
Name CAPERS, DOROTHY G.  
Address 2601 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

*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: DOROTHY G. CAPERS****SECRETARY****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date