

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002961

Entity Name: ECOLANE USA INC.**Current Principal Place of Business:**940 WEST VALLEY ROAD
SUITE 1400
WAYNE, PA 19087**Current Mailing Address:**940 WEST VALLEY ROAD
SUITE 1400
WAYNE, PA 19087 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	PRESIDENT, CEO
Name	LEONARD, GERRY
Address	2037 LAKESIDE CENTRE DRIVE SUITE 190
City-State-Zip:	KNOXVILLE TN 37922

Title	CFO
Name	WOOLF, CORY
Address	2037 LAKESIDE CENTRE DRIVE SUITE 190
City-State-Zip:	KNOXVILLE TN 37922

Title	COO
Name	LASETER, KRIS
Address	2037 LAKESIDE CENTRE DRIVE SUITE 190
City-State-Zip:	KNOXVILLE TN 37922

Title	SECRETARY, DIRECTOR
Name	CASAS, MICHAEL
Address	2037 LAKESIDE CENTRE DRIVE SUITE 190
City-State-Zip:	KNOXVILLE TN 37922

Title	DIRECTOR
Name	NIX, WILLIAM
Address	2037 LAKESIDE CENTRE DRIVE SUITE 190
City-State-Zip:	KNOXVILLE TN 37922

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: KRIS LASETER

COO

09/09/2020

Electronic Signature of Signing Officer/Director Detail_____
Date