2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001656

Entity Name: BITSTAMP USA, INC.

Current Principal Place of Business:

27 UNION SQUARE WEST, SUITE 205

NEW YORK, NY 10003

Current Mailing Address:

27 UNION SQUARE WEST STE 205 NEW YORK, NY 10003 US

FEI Number: 38-4087890 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

DIRECTOR Title Title **PRESIDENT**

Name KODRIC, NEJC Name KODRIC, NEJC

Address 27 UNION SQUARE WEST, SUITE 205 Address 27 UNION SQUARE WEST, SUITE 205

City-State-Zip: NEW YORK NY 10003 City-State-Zip: NEW YORK NY 10003

TREASURER Title **CHAIRMAN** Title

Name GHYS, HENDRIK Name KEMP, EDWARD

27 UNION SQUARE WEST, SUITE 205 Address Address 27 UNION SQUARE WEST, SUITE 205

NEW YORK NY 10003 City-State-Zip: NEW YORK NY 10003 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name LEPMRES, MIKE Name GHYS. HENDRIK

Address 27 UNION SQUARE WEST STE 205 27 UNION SQUARE WEST, SUITE 205 Address

City-State-Zip: NEW YORK NY 10003 City-State-Zip: NEW YORK NY 10003

DIRECTORY Title

Name CELIFANO, MARK

Address 27 UNION SQUARE WEST STE 205

City-State-Zip: NEW YORK NY 10003

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.

04/28/2021 SIGNATURE: NEJC KODRIC **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 28, 2021

Secretary of State

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