

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002621

Entity Name: INDIGO AG, INC.**Current Principal Place of Business:**500 RUTHERFORD AVE
CHARLESTOWN, MA 02129-1647**Current Mailing Address:**500 RUTHERFORD AVE
CHARLESTOWN, MA 02129-1647 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 CFO
Name JECK, ERIC
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title DIRECTOR
Name MARTINEZ, IGNACIO
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title DIRECTOR
Name KHAN, MEHMOOD
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title DIRECTOR
Name INNES, PETER
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title DIRECTOR
Name GEHRING, JOHN F.
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title DIRECTOR
Name BERENDES, ROBERT
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title SECRETARY
Name DACIER, PAUL T.
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title DIRECTOR
Name PERRY, DAVID P.
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

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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: ANDREA FLAHERTY**ASSISTANT TREASURER 05/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name FLAHERTY, ANDREA
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647

Title PRESIDENT
Name PERRY, DAVID P.
Address 500 RUTHERFORD AVE
City-State-Zip: CHARLESTOWN MA 02129-1647