

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004577

**FILED  
Apr 13, 2020  
Secretary of State  
5190121802CC**

**Entity Name:** BACULA SYSTEMS CORPORATION

**Current Principal Place of Business:**

AVENUE DES SCIENCES 11  
YVERDON-LES-BAINS, 1400

**Current Mailing Address:**

70 WEST MADISON ST  
SUITE 5750  
CHICAGO, IL 60602 US

**FEI Number: 36-4883657**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, DIRECTOR, TREASURER  
Name           BARKER, FRANK  
Address        AVENUE DES SCIENCES 11  
City-State-Zip: YVERDON-LES-BAINS 1400

Title           DIRECTOR  
Name           SIBBALD, KERN  
Address        AVENUE DES SCIENCES 11  
City-State-Zip: YVERDON-LES-BAINS 1400

Title           DIRECTOR  
Name           BOLLENGIER, ERIC  
Address        AVENUE DES SCIENCES 11  
City-State-Zip: YVERDON-LES-BAINS 1400

Title           DIRECTOR  
Name           MORRISON, ROB  
Address        AVENUE DES SCIENCES 11  
City-State-Zip: YVERDON-LES-BAINS 1400

Title           SECRETARY  
Name           THORELLI, THOMAS  
Address        70 WEST MADISON ST., SUITE 5750  
City-State-Zip: CHICAGO IL 60602

*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: THOMAS H THORELLI**

**SECRETARY**

**04/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date