

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000391

Entity Name: EXADEL, INC.**Current Principal Place of Business:**1340 TREAT BLVD #375
WALNUT CREEK, CA 94597**Current Mailing Address:**1340 TREAT BLVD #375
WALNUT CREEK, CA 94597 US**FEI Number:** 94-3218884**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DR, 1ST FLOOR
TALLAHASSEE, FL 32301 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 D
Name MUFSON, MICHAEL
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title D
Name PARKER, RAY
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title DP
Name KATZ, EFIM
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title VPCOO
Name KATZMAN, GREG
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title STCFO
Name WALTER, LYNNE
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title D
Name CANTOR, ILYA
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title D
Name GAL, TSVI
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

Title D
Name TIKHMAN, ANATOLY
Address 1340 TREAT BLVD #375
City-State-Zip: WALNUT CREEK CA 94597

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: LYNNE WALTER**CFO****03/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date