

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003166

Entity Name: ARMAZ PRODUCTS INC.

**Current Principal Place of Business:**

4800 STATE ROAD 60 EAST  
MULBERRY, FL 33860

**Current Mailing Address:**

4800 STATE ROAD 60 EAST  
MULBERRY, FL 33860 US

FEI Number: 59-3264193

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, DIRECTOR  
Name            CHESNEAU, JEAN-FRANCOIS  
Address        4800 STATE ROAD 60 EAST  
City-State-Zip: MULBERRY FL 33860

Title            TREASURER  
Name            MARCHAND, VIVIEN  
Address        420, RUE D'ESTIENNE D'ORVES  
City-State-Zip: 92700 COLOMBES FRANCE

Title            ASST. TREASURER  
Name            RASMUSSEN, KATIE  
Address        900 FIRST AVENUE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            SECRETARY  
Name            MANSUR RATKA, DORI L.  
Address        900 FIRST AVENUE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            ASST. SECRETARY  
Name            ORR, JACQUELYN  
Address        900 FIRST AVENUE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            DIRECTOR  
Name            MCCARTHY, PATRICIA  
Address        900 FIRST AVENUE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            DIRECTOR  
Name            ROWE, RICHARD  
Address        900 FIRST AVENUE  
City-State-Zip: KING OF PRUSSIA PA 19406

*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: DORI L. MANSUR RATKA

SECRETARY

04/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date