

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