

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000007853

**Entity Name:** NOVOLYZE INC.

**Current Principal Place of Business:**

1875 K ST NW FL 4  
WASHINGTON, DC 20006-1293

**Current Mailing Address:**

185 ALEWIFE BROOK PARKWAY, SUITE 210  
CAMBRIDGE, MA 02138 US

**FEI Number:** 35-2545637

**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            PRESIDENT, SECRETARY, DIRECTOR  
Name            KHINOUCHE, KARIM-FRANCK  
Address         1875 K ST NW FL 4  
City-State-Zip: WASHINGTON DC 20006-1293

Title            ASST. SECRETARY  
Name            SUHAS, ALEXANDRA  
Address         185 ALEWIFE BROOK PKY, SUITE 210  
City-State-Zip: CAMBRIDGE MA 02138

Title            TREASURER  
Name            DE LA BROSSE, DELPHINE  
Address         1875 K ST NW FL 4  
City-State-Zip: WASHINGTON DC 20006-1293

*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:** KARIM-FRANCK KHINOUCHE

**PRESIDENT**

**01/25/2023**

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

\_\_\_\_\_ Date