

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004006

**FILED**  
**Mar 22, 2017**  
**Secretary of State**  
**CC5647780402**

**Entity Name:** IDOM, INC.

**Current Principal Place of Business:**

330 2ND AVE S  
SUITE 600  
MINNEAPOLIS, MN 55401

**Current Mailing Address:**

330 2ND AVE S  
SUITE 600  
MINNEAPOLIS, MN 55401 US

**FEI Number:** 41-1377685

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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 DIRECTOR  
Name ALVARO , REY CEPEDA  
Address AVENIDA ZARANDOA, 23  
City-State-Zip: BILBAO 48015

Title PRESIDENT/SECRETARY/DIRECTOR  
Name LORENTZ, THOMAS  
Address 330 2ND AVE S, SUITE 600  
City-State-Zip: MINNEAPOLIS MN 55401

Title CHIEF FINANCIAL OFFICER/DIRECTOR  
Name BARBIER, MIGUEL RENOBALES  
Address AVENIDA ZARANDOA, 23,  
City-State-Zip: BILBAO 48015

Title VP  
Name ALVAREZ, JAVIER  
Address 330 2ND AVE S, SUITE 600  
City-State-Zip: MINNEAPOLIS MN 55401

Title CHAIRMAN/DIRECTOR  
Name LLOPIS, LUIS RODRIGUEZ  
Address AVENIDA ZARANDOA, 23  
City-State-Zip: BILBAO 48015

Title CEO/DIRECTOR  
Name GOMEZ, IGNACIO REY  
Address AVENIDA ZARANDOA, 23  
City-State-Zip: BILBAO 48015

*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 LORENTZ

**PRESIDENT**

**03/22/2017**

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

\_\_\_\_\_  
Date