

**2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P24060

**Entity Name:** MORMAX BEVERAGES CORP.**Current Principal Place of Business:**25 RESEARCH DRIVE  
WESTBOROUGH, MA 01581**Current Mailing Address:**25 RESEARCH DRIVE  
WESTBOROUGH, MA 01581**FEI Number:** 04-3048592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. 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 S  
Name FELDMAN, ARLENE C  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title PRESIDENT  
Name SEN, LAURA J  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title T  
Name BIRES, LISA M  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title DIRECTOR  
Name SEN, LAURA J  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title VP  
Name SUGRUE, KRISTYN M  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title EVPD  
Name EDDY, ROBERT W  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title ASST. SECRETARY  
Name HANLEY, NANCY M  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

Title DIRECTOR  
Name LUCE, GRAHAM N.  
Address 25 RESEARCH DRIVE  
City-State-Zip: WESTBOROUGH MA 01581

*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:** ARLENE C. FELDMAN**SECRETARY****09/11/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date