

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27172

Entity Name: ELLIOTT COMPANY**Current Principal Place of Business:**901 N. FOURTH STREET
JEANNETTE, PA 15644**Current Mailing Address:**901 N. FOURTH STREET
JEANNETTE, PA 15644 US**FEI Number:** 25-1555755**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 CEO, DIRECTOR
Name LORDI, MICHAEL T.
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title SECR
Name GATEWOOD, CAROL
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title TREA
Name ECKSTEIN, BRIAN
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name YASUYUKI, URUMA
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name OWEN, DIANE B
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name TOSHIHIKO, MIYASHITA
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name SHUGO, HOSODA
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name DUNLAP, TERRY
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

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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: CAROL J. GATEWOOD**SECRETARY****03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRUICKSHANK, GEORDIE
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name NOJI, NOBUHARU
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name KIMURA, NORIO
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644