2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# P05000122478

Entity Name: VIVABOXES US, INC.

Current Principal Place of Business:

9801 WASHINGTONIAN BLVD
GAITHERSBURG, MD 20878 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 352
BUFFALO, NY 14240 US

New Mailing Address:

FEI Number: 20-3462163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HENRY, PIERRE
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: CEO
Name: DEAN, JON
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: S
Name: ROBINS, SCOTT
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: T
Name: HANCOCK, PHILIP
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: D
Name: HILLENMEYER, VINCENT
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: D
Name: SANDOZ, DIDIER
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

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: SCOTT ROBINS S 03/29/2012

Electronic Signature of Signing Officer or Director Date