

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467582

Entity Name: MEXECOM, INC.**Current Principal Place of Business:**100 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442**Current Mailing Address:**100 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442 US**FEI Number:** 59-1572589**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 PRESIDENT
Name HUFFMAN, J.R.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title TREASURER
Name GEBHARD, ERIC M.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name BROWN, COLIN W.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP, GENERAL COUNSEL &
 SECRETARY
Name WILLIAMS, CAREN SNEAD
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT SECRETARY
Name SHEPTAK, PETER J.
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name YERVES, KEN
Address 100 JIM MORAN BLVD.
City-State-Zip: DEERFIELD BEACH FL 33442

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: CAREN SNEAD WILLIAMS**SECRETARY****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date