2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000040381

Entity Name: HOLCIM TECHNOLOGY INC.

Current Principal Place of Business:

5200 BLUE LAGOON DR SUITE 790

MIAMI, FL 33126

Current Mailing Address:

5200 BLUE LAGOON DR SUITE 790 MIAMI. FL 33126 US

FEI Number: 65-1101413 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH 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

FILED Jan 09, 2017

Secretary of State

CC8586003554

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name WEHNES, UWE Name BOLDT, KATRIN

Address 5200 BLUE LAGOON DRIVE Address 5200 BLUE LAGOON DRIVE

SUITE 790 SUITE 790

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title VP Title PRESIDENT

Name KRISTIANSSON, ANDERS Name GARCIA, NILTON

Address 5200 BLUE LAGOON DRIVE Address 5200 BLUE LAGOON DRIVE

SUITE 790 SUITE 790

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title SECRETARY Title TREASURER

Name FLORENT, IVAN Name HERNANDEZ, RONALD

Address 5200 BLUE LAGOON DRIVE Address 5200 BLUE LAGOON DRIVE

SUITE 790 SUITE 790

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name BLEISCH, URS

Address 5200 BLUE LAGOON DR SUITE 790

City-State-Zip: MIAMI FL 33126

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: RONALD HERNANDEZ TREASURER 01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date