

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059544

Entity Name: EUROP ASSISTANCE NORTH AMERICA, INC.**Current Principal Place of Business:**4340 EAST WEST HWY
STE 1000
BETHESDA, MD 20814**Current Mailing Address:**4340 EAST WEST HWY
STE 1000
BETHESDA, MD 20814 US**FEI Number:** 77-0722182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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, CEO, DIRECTOR
Name	CARNICELLI, CHRISTOPHER
Address	7 WORLD TRADE CENTER 250 GREENWICH STREET 33RD FLOOR
City-State-Zip:	NEW YORK NY 10007

Title	VP, TREASURER, DIRECTOR
Name	MARTINI, JOHN
Address	7 WORLD TRADE CENTER 250 GREENWICH STREET 33RD FLOOR
City-State-Zip:	NEW YORK NY 10007

Title	SECRETARY
Name	AJAMI, TARIK
Address	7 WORLD TRADE CENTER 250 GREENWICH STREET 33RD FLOOR
City-State-Zip:	NEW YORK NY 10007

Title	DIRECTOR
Name	BAUMGARTEN, PASCAL
Address	2 RUE PILLET-WILL
City-State-Zip:	75309 PARIS CEDEX 09 FRANCE

Title	DIRECTOR
Name	BEMPORAD, SIMONE
Address	2 RUE PILLET-WILL
City-State-Zip:	75309 PARIS CEDEX 09 FRANCE

Title	DIRECTOR
Name	PARISI, ANTOINE
Address	2 RUE PILLET-WILL
City-State-Zip:	75309 PARIS CEDEX 09 FRANCE

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: TARIK AJAMI**SECRETARY****02/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date