

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000105284

Entity Name: EQPME USA INC.**Current Principal Place of Business:**7901 4TH ST N
300
ST PETERSBURG, FL 33702**Current Mailing Address:**270 TORYORK DRIVE
NORTH YORK, ON M9L 1-Y1 CA**FEI Number:** 36-5007487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
300
ST PETERSBURG, FL 33702 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	DIR, CHIEF LEGAL OFFICER
Name	PRESTA, MICHAEL
Address	9100 JANE STREET, BUILDING 'A', 3RD FLOOR
City-State-Zip:	VAUGHAN ONTARIO L4K 0A4
Title	DIR, CHIEF PRODUCT OFFICER
Name	PERALTA, STEPHAN
Address	30 BIGHAM CRESCENT
City-State-Zip:	TORONTO ONTARIO M9C 5C6

Title	DIR, PRESIDENT, CEO
Name	MASCARIN, ALEXANDER
Address	270 TORYORK DRIVE
City-State-Zip:	NORTH YORK ONTARIO M9L 1Y1
Title	DIRECTOR OF RISK MANAGEMENT AND REGULATORY AFFAIRS
Name	PRESTA, MATTHEW
Address	9100 JANE STREET, BUILDING 'A', 3RD FLOOR
City-State-Zip:	VAUGHAN ONTARIO L4K 0A4

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: ALEXANDER MASCARIN**PRESIDENT****03/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date