

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018919

Entity Name: DYADIC INTERNATIONAL (USA), INC.**Current Principal Place of Business:**140 INTRACOASTAL POINTE DRIVE
SUITE 404
JUPITER, FL 33477**Current Mailing Address:**140 INTRACOASTAL POINTE DRIVE
SUITE 404
JUPITER, FL 33477 US**FEI Number:** 65-0645993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	EMALFARB, MARK A
Address	140 INTRACOASTAL POINTE DRIVE, SUITE 404
City-State-Zip:	JUPITER FL 33477

Title	DIRECTOR
Name	HERBST, SETH J MD
Address	140 INTRACOASTAL POINTE DRIVE SUITE 404
City-State-Zip:	JUPITER FL 33477

Title	DIRECTOR
Name	TARNOK, MICHAEL P
Address	140 INTRACOASTAL POINTE DRIVE SUITE 404
City-State-Zip:	JUPITER FL 33477

Title	DIRECTOR
Name	KAYE, JACK L
Address	140 INTRACOASTAL POINTE DRIVE SUITE 404
City-State-Zip:	JUPITER FL 33477

Title	DIRECTOR
Name	BOSE, ARINDAM
Address	140 INTRACOASTAL POINTE DRIVE SUITE 404
City-State-Zip:	JUPITER FL 33477

Title	VP, CFO
Name	DUBINSKI, THOMAS L.
Address	140 INTRACOASTAL POINTE DRIVE SUITE 404
City-State-Zip:	JUPITER FL 33477

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: MARK A EMALFARBPRESIDENT, BY
LYNNETTE PENALBERT,
ATTORNEY-IN-FACT

01/17/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

