2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2022
Secretary of State
7270018803CC

DOCUMENT# M20000003620

Entity Name: ORANO USA LLC

Current Principal Place of Business:

4747 BETHESDA AVE
SUITE 1001
BETHESDA, MD 20814

Current Mailing Address:

4747 BETHESDA AVE
SUITE 1001
BETHESDA, MD 20814 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HWY 1
N PALM BEACH, FL 33408 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

Authorized Person(s) Detail :

Title	CEO	Title	DIRECTOR, GENERAL COUNSEL
Name	SHAKIR, SAM	Name	WOODS, MICHAEL
Address	4747 BETHESDA AVE SUITE 1001	Address	4747 BETHESDA AVE SUITE 1001
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	DIRECTOR, CFO	Title	TREASURER
Name	MIFSUD, PAUL	Name	BECKER, ROBERT
Address	4747 BETHESDA AVE SUITE 1001	Address	4747 BETHESDA AVE SUITE 1001
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	VP	Title	FACILITY DIRECTOR
Name	FRENCH, MICHAEL	Name	DAVIS-WALKER, LILLIE
Address	4747 BETHESDA AVE SUITE 1001	Address	4747 BETHESDA AVE SUITE 1001
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	MANAGER		
Name	VEXLER, AMIR		
Address	4747 BETHESDA AVE SUITE 1001		
City-State-Zip:	BETHESDA MD 20814		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VEXLER , AMIR

CHELSEA MAGNER,
ATTORNEY-IN-FACT

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date