## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002211

Entity Name: ARUP USA, INC.

**Current Principal Place of Business:** 

**60 STATE STREET** BOSTON, MA 02109

**Current Mailing Address:** 

**60 STATE STREET** BOSTON, MA 02109 US

FEI Number: 06-1539147 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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** Mar 29, 2019

**Secretary of State** 

7636323666CC

Officer/Director Detail :

Title HOWARD, ANDREW Name Address **60 STATE STREET** 

BOSTON MA 02109 City-State-Zip:

Title **PRESIDENT** Name RAIJI, ASHOK

Address **60 STATE STREET** City-State-Zip: BOSTON MA 02109

**DIRECTOR** Title

HOWARD, ANDREW Name **60 STATE STREET** Address

City-State-Zip: BOSTON MA 02109

Title DIRECTOR RAIJI, ASHOK Name

**60 STATE STREET** Address BOSTON MA 02109 City-State-Zip:

Title **SECRETARY** 

JENNAT, ALAN Name

**60 STATE STREET** Address

City-State-Zip: BOSTON MA 02109

Title **TREASURER** 

Name TWEEDIE, MATTHEW Address **60 STATE STREET** 

BOSTON MA 02109 City-State-Zip:

Title DIRECTOR

Name QUITER, JAMES ROBERT

Address **60 STATE STREET** 

City-State-Zip: BOSTON MA 02109

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.

03/29/2019 SIGNATURE: ALAN JENNAT **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date