

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002211

Entity Name: ARUP USA, INC.**Current Principal Place of Business:**77 WATER STREET
5TH FLOOR
NEW YORK, NY 10005**Current Mailing Address:**77 WATER STREET
5TH FLOOR
NEW YORK, NY 10005 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**Officer/Director Detail :**

Title	DIRECTOR
Name	COUGHLAN, PAUL
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	COUSINS, FIONA MARY
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

Title	PRESIDENT
Name	COUSINS, FIONA MARY
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

Title	VP
Name	PITTELLA, RICARDO
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

Title	SECRETARY
Name	POIRIER, CAROLYN
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

Title	TREASURER
Name	POIRIER, CAROLYN
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	ASTBURY, JULIAN
Address	77 WATER STREET 5TH FLOOR
City-State-Zip:	NEW YORK NY 10005

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: CAROLYN POIRIER**SECRETARY****03/19/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date