

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003621

Entity Name: MARINER OPERATIONS USA, INC.**Current Principal Place of Business:**93 NORTH PARK PLACE BLVD.
CLEARWATER, FL 33759**Current Mailing Address:**93 NORTH PARK PLACE BLVD.
CLEARWATER, FL 33759**FEI Number:** 59-3291448**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, VP, TREASURER
Name PRIOR, MATHEW
Address 93 NORTH PARK PLACE BLVD
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR, ASST. TREASURER
Name LUKE, KAREN
Address 93 NORTH PARK PLACE BLVD.
City-State-Zip: CLEARWATER FL 33759

Title SECRETARY
Name SETH, SUHAIL
Address 201 17TH STREET NW, SUITE 1700
City-State-Zip: ATLANTA GA 30363

Title DIRECTOR, CEO
Name BAUGUIL, FRANCK
Address 93 NORTH PARK PLACE BLVD.
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name YOUNGBLOOD, CHRIS
Address 93 NORTH PARK PLACE BLVD.
City-State-Zip: CLEARWATER FL 33759

Title ASST. SECRETARY
Name FOGLE, KEVIN
Address 201 17TH STREET NW
SUITE 1700
City-State-Zip: ATLANTA GA 30363

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: KEVIN O. FOGLE**ASSISTANT SECRETARY** 04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date