

2019 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
Name	GOODARZI, OLIVER
Address	93 NORTH PARK PLACE BLVD
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR, 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** 05/01/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date