

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003960

**Entity Name:** PROLEXIC TECHNOLOGIES, INC.**Current Principal Place of Business:**1930 HARRISON STREET  
SUITE 403  
HOLLYWOOD, FL 33020**Current Mailing Address:**1930 HARRISON STREET  
SUITE 403  
HOLLYWOOD, FL 33020**FEI Number:** 20-1270614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOLLY, STUART  
1930 HARRISON STREET  
SUITE 403  
HOLLYWOOD, FL 33020 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:** STUART SCHOLLY

04/15/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ANDERSON, CHRIS  
Address 8 CAMBRIDGE CENTER  
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR  
Name STEVENS, RICHARD  
Address 8 CAMBRIDGE CENTER  
City-State-Zip: CAMBRIDGE MA 02142

Title PRESIDENT  
Name WOOD, ROBERT  
Address 8 CAMBRIDGE CENTER  
City-State-Zip: CAMBRIDGE MA 02142

Title SECRETARY  
Name HAMMONS, JAMES  
Address 8 CAMBRIDGE CENTER  
City-State-Zip: CAMBRIDGE MA 02142

Title TREASURER  
Name FORMAN, STEVEN  
Address 8 CAMBRIDGE CENTER  
City-State-Zip: CAMBRIDGE MA 02142

Title ASST. SECRETARY  
Name FITZPATRICK, NICOLE  
Address 8 CAMBRIDGE CENTER  
City-State-Zip: CAMBRIDGE MA 02142

*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:** ROBERT WOOD

PRESIDENT

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date