2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005427

Entity Name: NOVENTIS, INC.

Current Principal Place of Business:

5120 WOODWAY, SUITE 6001 HOUSTON, TX 77056

Current Mailing Address:

5120 WOODWAY, SUITE 6001 HOUSTON, TX 77056 US

FEI Number: 93-1242329 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

FILED Mar 26, 2018

Secretary of State

CC9450530408

Officer/Director Detail :

Title CEO Title DIRECTOR STEPHEN, TAYLOR MARSH, IAN K Name Name

5120 WOODWAY DR Address 5120 WOODWAY DR Address

SUITE 6001

SUITE 6001

City-State-Zip: HOUSTON TX 77056 City-State-Zip: HOUSTON TX 77056

Title **CHAIRMAN** Title DIRECTOR

Name DE SILVA, MAHINDA K Name WOLFEN, RICHARD

12400 MELODY LN 9777 WILSHIRE BLVD., SUITE 500 Address Address

LOS ALTOS CA 94022 City-State-Zip: BEVERLY HILLS CA 90212 City-State-Zip:

Title **DIRECTOR** Title CFO

Name CHANEY, JOHN SCHOENBERGER, LEE Name

Address 1721 RIVER OAKS BLVD 5120 WOODWAY, SUITE 6001 Address

City-State-Zip: HOUSTON TX 77019 City-State-Zip: HOUSTON TX 77056

Title CCO COO Title

FRYE, KIMBERLY Name Name JEFFERY, BLAIR G

Address 5120 WOODWAY, SUITE 6001 Address 5120 WOODWAY, SUITE 6001

HOUSTON TX 77056 City-State-Zip: City-State-Zip: HOUSTON TX 77056

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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: LEE SCHOENBERGER

CFO

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title CTO

Name CALLANAN, MATT Address 421 SW 6TH AVE

City-State-Zip: PORTLAND OR 97204