

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002530

Entity Name: MORINDA USA, INC.**Current Principal Place of Business:**333 WEST RIVER PARK DR
PROVO, UT 84604**Current Mailing Address:**333 WEST RIVER PARK DR
PROVO, UT 84604**FEI Number:** 87-0624329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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	CP
Name	ASAY, KERRY O
Address	333 WEST RIVER PARK DR
City-State-Zip:	PROVO UT 84604

Title	DVP
Name	OLSEN, KELVIN D
Address	333 WEST RIVER PARK DR
City-State-Zip:	PROVO UT 84604

Title	T
Name	SMITH, RANDALL N
Address	333 WEST RIVER PARK DR
City-State-Zip:	PROVO UT 84604

Title	VCD
Name	ASAY, KIM S
Address	333 WEST RIVER PARK DR
City-State-Zip:	PROVO UT 84604

Title	S
Name	RIFE, RICHARD C
Address	333 WEST RIVER PARK DR
City-State-Zip:	PROVO UT 84604

Title	VCD
Name	WADSWORTH, JOHN J
Address	333 WEST RIVER PARK DR
City-State-Zip:	PROVO UT 84604

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: RICHARD C. RIFE**SECRETARY****01/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date