

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005030

Entity Name: HEARINGLIFE USA, INC.**Current Principal Place of Business:**2501 COTTONTAIL LANE
SUITE 101
SOMERSET, NJ 08873**Current Mailing Address:**2501 COTTONTAIL LANE
SUITE 101
SOMERSET, NJ 08873 US**FEI Number:** 20-5070723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	JACOBSEN, NIELS
Address	580 HOWARD AVENUE
City-State-Zip:	SOMERSET NJ 08873

Title	DIRECTOR
Name	WAGNER, NIELS
Address	2501 COTTONTAIL LANE SUITE 101
City-State-Zip:	SOMERSET NJ 08873

Title	DIRECTOR
Name	THOMSEN, SVEND
Address	580 HOWARD AVENUE
City-State-Zip:	SOMERSET NJ 08873

Title	PRESIDENT
Name	RUSSOMAGNO, VINCE
Address	580 HOWARD AVENUE
City-State-Zip:	SOMERSET NJ 08873

Title	SECRETARY, VP
Name	LEHMANN NIELSEN, MORTEN
Address	2501 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

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: MORTEN LEHMANN NIELSEN**SECRETARY****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date