

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004012

Entity Name: QUENCH USA, INC.

Current Principal Place of Business:

630 ALLENDALE ROAD SUITE 200
KING OF PRUSSIA, PA 19406

Current Mailing Address:

630 ALLENDALE ROAD SUITE 200
KING OF PRUSSIA, PA 19406 US

FEI Number: NOT APPLICABLE

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 BEVAN, MICHAEL
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR
Name BROWN, DOUG
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR
Name KUZMAK, DANIEL
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title ASSISTANT SECRETARY
Name PETERSON, TODD
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title SECRETARY
Name BROWN, DOUG
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title CHAIRMAN
Name BROWN, DOUG
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title EXECUTIVE VICE PRESIDENT
Name PETERSON, TODD
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR
Name LOVELL, EVAN
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

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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: DOUG BROWN

SECRETARY

05/28/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title PRESIDENT
Name IBARGUEN, ANTHONY
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title CONTROLLER
Name DUFFY, DANIEL
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR
Name IBARGUEN, ANTHONY
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406

Title CFO
Name BRESLIN, THOMAS
Address 630 ALLENDALE ROAD SUITE 200
City-State-Zip: KING OF PRUSSIA PA 19406