

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003685

Entity Name: METAMARK LABORATORIES, INC.**Current Principal Place of Business:**21516 NEW HAMPSHIRE AVE.
BROOKEVILLE, MD 20833**Current Mailing Address:**21516 NEW HAMPSHIRE AVE.
BROOKEVILLE, MD 20833 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 SECRETARY
Name DAVIDSON, JAMES
Address 21516 NEW HAMPSHIRE AVE.
City-State-Zip: BROOKEVILLE MD 20833

Title TREASURER
Name GONSALVES, AGNELO
Address 21516 NEW HAMPSHIRE AVE.
City-State-Zip: BROOKEVILLE MD 20833

Title CFO
Name GONSALVES, AGNELO
Address 21516 NEW HAMPSHIRE AVE.
City-State-Zip: BROOKEVILLE MD 20833

Title CEO
Name KOTHANDARAM, SATHISH
Address C/O THERANOSTIX, INC.
8000 VIRGINIA MANOR DRIVE SUITE
170
City-State-Zip: BELTSVILLE MD 20705

Title DIRECTOR
Name KOTHANDARAM, SATHISH
Address C/O THERANOSTIX, INC.
8000 VIRGINIA MANOR DRIVE SUITE
170
City-State-Zip: BELTSVILLE MD 20705

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: AGNELO GONSALVES

CFO

04/13/2017

Electronic Signature of Signing Officer/Director Detail_____
Date