

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003902

Entity Name: PROMETHEANPRODUCTSUSA INC.**Current Principal Place of Business:**1165 SANCTUARY PARKWAY SUITE 400
ALPHARETTA, GA 30009**Current Mailing Address:**1165 SANCTUARY PARKWAY SUITE 400
ALPHARETTA, GA 30009**FEI Number:** 04-3647203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	TREASURER, CFO, DIRECTOR
Name	BASTER, IAN
Address	1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip:	ALPHARETTA GA 30009

Title	SECRETARY
Name	BACHELOR ESQ., ANDREW
Address	LOWER PHILLIPS ROAD BB1 5TH
City-State-Zip:	BLACKBURN GB

Title	CEO, DIRECTOR
Name	MARSHALL, JAMES
Address	1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip:	ALPHARETTA GA 30009

Title	PRESIDENT, DIRECTOR
Name	GOLDBERG, ROBERT L
Address	1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip:	ALPHARETTA GA 30009

Title	HEAD OF LEGAL
Name	KRAUSE, ALLYSON
Address	1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip:	ALPHARETTA GA 30009

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: ALLYSON KRAUSE**HEAD OF LEGAL****04/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date