

2018 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 DIRECTOR
Name LEUNG, SIMON
Address 1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR
Name HUI, ZHENG
Address 1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR
Name BOOTH, IAN
Address 1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip: ALPHARETTA GA 30009

Title CEO
Name RIERA, VINCENT
Address 1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR
Name YAM, BEN
Address 1165 SANCTUARY PARKWAY SUITE 400
City-State-Zip: ALPHARETTA GA 30009

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

Title TREASURER, CFO
Name CHOE, SUE
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**SECRETARY****01/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date