

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004333

Entity Name: SALICE AMERICA, INC.**Current Principal Place of Business:**2123 CROWN CENTRE DRIVE
CHARLOTTE, NC 28227-7701**Current Mailing Address:**2123 CROWN CENTRE DRIVE
CHARLOTTE, NC 28227-7701**FEI Number:** 58-1819173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
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	S
Name	MILLER, LORI
Address	2123 CROWN CENTRE DRIVE
City-State-Zip:	CHARLOTTE NC 28227-7701

Title	DP
Name	SALICE, MASSIMO
Address	VIA PROVINCIALE NOVEDRATESE 10
City-State-Zip:	NOVADRATE 22060 ITALY AL

Title	GM
Name	FREGOSI, MATTEO
Address	2123 CROWN CENTRE DRIVE
City-State-Zip:	CHARLOTTE NC 28227-7701

Title	DT
Name	SALICE, FRANCESCA
Address	VIA PROVINCIALE NOVEDRATESE 10
City-State-Zip:	NOVADRATE 22060 ITALY AL
Title	DVP
Name	SALICE, SERGIO
Address	VIA PROVINCIALE NOVEDRATESE 10
City-State-Zip:	NOVADRATE 22060 ITALY AL

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: LORI MILLER**SECRETARY****03/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date