

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004480

Entity Name: SOLUTIONARY, INC.

Current Principal Place of Business:

9420 UNDERWOOD AVENUE
OMAHA, NE 68114

Current Mailing Address:

9420 UNDERWOOD AVENUE
OMAHA, NE 68114

FEI Number: 27-4851723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH. LTD., INC.
155 OFFICE PLAZA DRIVE
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	CEO, DIRECTOR	Title	CFO, SECRETARY, TREASURER
Name	IDELMAN, STEVEN A	Name	MCKAIN, MATTHEW R
Address	3070 S 99TH AVE.	Address	825 N. 185TH ST
City-State-Zip:	OMAHA NE 68124	City-State-Zip:	ELKHORN NE 68022
Title	PRESIDENT, DIRECTOR	Title	COO
Name	HRABIK, MICHAEL	Name	IDELMAN, SHERI B
Address	328 N 92ND STREET	Address	3070 S 99TH AVE
City-State-Zip:	OMAHA NE 68114	City-State-Zip:	OMAHA NE 68124
Title	EVP	Title	DIRECTOR
Name	REHBERG, CHRISTOPHER	Name	OKUNO, TSUNEHISA
Address	4406 N 195TH CIRCLE	Address	5-1, OTEMACHI 1-CHOME, CHIYODA-KU
City-State-Zip:	ELKHORN NE 68022	City-State-Zip:	TOKYO 100-8116
Title	DIRECTOR	Title	DIRECTOR
Name	KAYA, NORIYUKI	Name	HATTORI, AKITOSHI
Address	5-1, OTEMACHI 1-CHOME, CHIYODA-KU	Address	5-1, OTEMACHI 1-CHOME, CHIYODA-KU
City-State-Zip:	TOKYO 100-8116	City-State-Zip:	TOKYO 100-8116

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: MATTHEW R. MCKAIN

CFO/SECRETARY/TREAS 03/16/2015
URER

Electronic Signature of Signing Officer/Director Detail

Date