

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000119

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**9857071646CC**

**Entity Name:** ELIOR, INC.

**Current Principal Place of Business:**

300 S TRYON STREET SUITE 400  
CHARLOTTE, NC 28202

**Current Mailing Address:**

300 S TRYON STREET SUITE 400  
CHARLOTTE, NC 28202

**FEI Number:** 26-2223480

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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           BAILEY, MICHAEL  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

Title           DIRECTOR  
Name           COJAN, GILLES  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

Title           DIRECTOR  
Name           DUBOIS, OLIVER  
Address        TOUR EGEE, 9/11 ALLEE DE L'ARCHE  
City-State-Zip: 92032 PARIS LA DEFENSE CEDEX  
                  28202

Title           DIRECTOR  
Name           FONTANA, PEDRO  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

Title           SECRETARY  
Name           HENNECY, JULIE  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

Title           DIRECTOR  
Name           POPLIN, BRIAN  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

Title           PRESIDENT  
Name           POPLIN, BRIAN  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

Title           CFO  
Name           SCHRECK, ROBERT  
Address        300 S TRYON STREET  
                  SUITE 400  
City-State-Zip: CHARLOTTE NC 28202

*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:** POPLIN , BRIAN

**PRESIDENT**

**04/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date