

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000119

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC1120617503**

**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 US

**FEI Number:** 26-2223480

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JULIE HENNECY

**SECRETARY**

**04/06/2018**

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

\_\_\_\_\_  
Date