

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000119

Entity Name: ELIOR, INC.

**Current Principal Place of Business:**

4135 SOUTH STREAM BLVD.  
SUITE 250  
CHARLOTTE, NC 28217

**Current Mailing Address:**

4135 SOUTH STREAM BLVD.  
SUITE 250  
CHARLOTTE, NC 28217 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            PRESIDENT  
Name            POPLIN , BRIAN  
Address        4135 SOUTH STREAM BLVD.  
                 SUITE 250  
City-State-Zip: CHARLOTTE NC 28217

Title            SECRETARY  
Name            HENNECY, JULIE  
Address        4135 SOUTH STREAM BLVD.  
                 SUITE 250  
City-State-Zip: CHARLOTTE NC 28217

Title            TREASURER  
Name            TOTMAN, HUGH  
Address        4135 SOUTH STREAM BLVD.  
                 SUITE 250  
City-State-Zip: CHARLOTTE NC 28217

Title            DIRECTOR  
Name            BAILEY, MICHAEL  
Address        4135 SOUTH STREAM BLVD.  
                 SUITE 250  
City-State-Zip: CHARLOTTE NC 28217

Title            DIRECTOR  
Name            DUBOIS, OLIVER  
Address        61-69 RUE DE BERCY  
City-State-Zip: PARIS CEDEX 12 75889

Title            DIRECTOR  
Name            POPLIN, BRIAN  
Address        4135 SOUTH STREAM BLVD.  
                 SUITE 250  
City-State-Zip: CHARLOTTE NC 28217

Title            DIRECTOR  
Name            SALLE, PHILIPPE  
Address        61-69 RUE DE BERCY  
City-State-Zip: PARIS CEDEX 12 75589

Title            DIRECTOR  
Name            THONNIER, THIERRY  
Address        61-69 RUE DE BERCY  
City-State-Zip: PARIS CEDEX 12 75589

*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: HUGH TOTMAN

TREASURER

04/05/2017

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

\_\_\_\_\_  
Date