

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001805

Entity Name: NUCOMPASS MOBILITY SERVICES INC.**Current Principal Place of Business:**6800 KOLL CENTER PARKWAY
SUITE 105
PLEASANTON, CA 94566**Current Mailing Address:**6800 KOLL CENTER PARKWAY
SUITE 105
PLEASANTON, CA 94566 US**FEI Number:** 90-0438305**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, 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	DIRECTOR
Name	PATITUCCI, ANNA
Address	6800 KOLL CENTER PARKWAY SUITE 105
City-State-Zip:	PLEASANTON CA 94566

Title	CHAIRMAN OF THE BOARD, PRESIDENT, CFO, DIRECTOR
Name	PATITUCCI, FRANK
Address	6800 KOLL CENTER PARKWAY SUITE 105
City-State-Zip:	PLEASANTON CA 94566

Title	COO, ASSISTANT SECRETARY, DIRECTOR
Name	TORVIK, SERENA
Address	6800 KOLL CENTER PARKWAY SUITE 105
City-State-Zip:	PLEASANTON CA 94566

Title	CEO, SECRETARY, DIRECTOR
Name	MARRON, DAVE
Address	6800 KOLL CENTER PARKWAY SUITE 105
City-State-Zip:	PLEASANTON CA 94566

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: FRANK PATITUCCICHAIRMAN OF THE
BOARD, PRESIDENT,
CFO, DIRECTOR

04/22/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

