## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005501

Entity Name: DXT COMMODITIES NORTH AMERICA INC.

**Current Principal Place of Business:** 

1 DOCK ST. SUITE 320

STAMFORD, CT 06902

**Current Mailing Address:** 

1 DOCK ST. **SUITE 320** 

STAMFORD, CT 06902 US

FEI Number: 61-1781773 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

**FILED** Mar 12, 2023

**Secretary of State** 

9308805185CC

Officer/Director Detail:

**DIRECTOR** Title Title **TREASURER** 

LOMBARDI, PIERSANDRO LEONCINI, DARIO Name Name

Address C/O ROBERT DUMONT PLLC Address 1 DOCK ST. 45 ROCKEFELLER PLAZA SUITE 2000

SUITE 320

STAMFORD CT 06902 City-State-Zip:

City-State-Zip: NEW YORK NY 10111

Title **DIRECTOR** Title **SECRETARY** Name

SCIORTINO, BENEDICT J. Name DUMONT, ROBERT

7 TANGLEWYDE AVENUE Address Address C/O ROBERT DUMONT PLLC **APARTMENT 4D** 

45 ROCKEFELLER PLAZA SUITE 2000 **BRONXVILLE NY 10708** City-State-Zip:

NEW YORK NY 10111 City-State-Zip:

Title **DIRECTOR** 

CENCIONI, MAURIZIO Name

Address C/O ROBERT DUMONT PLLC

45 ROCKEFELLER PLAZA SUITE 2000

City-State-Zip: NEW YORK NY 10111

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: PIERSANDRO LOMBARDI

DIRECTOR

03/12/2023 Date