

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000006082

**Entity Name:** TURBO SYSTEMS US INC.

**Current Principal Place of Business:**

305 GREGSON DRIVE  
CARY, NC 27511

**Current Mailing Address:**

305 GREGSON DRIVE  
CARY, NC 27511 US

**FEI Number:** 87-1881091

**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 SECRETARY  
Name SMITH, BRIDGET  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title ASSISTANT TREASURER  
Name DELGADO, TAYDI  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title VICE PRESIDENT - TAX  
Name HUTCHISON, BRIAN  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title VP, TREASURER  
Name HEALY, JOHN  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title VP  
Name HLAYEL, IHAB  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title PRESIDENT  
Name GRAY, MICHAEL  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title DIRECTOR  
Name GRAY, MICHAEL  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

Title DIRECTOR  
Name HLAYEL, IHAB  
Address 305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511

**Continues on page 2**

*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:** DAVID SMITH

**SECRETARY**

**04/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            SMITH, DAVID  
Address        305 GREGSON DRIVE  
City-State-Zip: CARY NC 27511