

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002425

Entity Name: ZUKEN USA INC.**Current Principal Place of Business:**238 LITTLETON RD
SUITE 100
WESTFORD, MA 01886**Current Mailing Address:**238 LITTLETON RD
SUITE 100
WESTFORD, MA 01886 US**FEI Number:** 77-0005828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
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 PRESIDENT
Name MCLEROTH, KENT
Address 238 LITTLETON RD, SUITE 100
City-State-Zip: WESTFORD MA 01886

Title DIRECTOR
Name MCLEROTH, KENT
Address 238 LITTLETON RD, SUITE 100
City-State-Zip: WESTFORD MA 01886

Title DIRECTOR
Name KATSUBE, JINYA
Address 238 LITTLETON RD, SUITE 100
City-State-Zip: WESTFORD MA 01886

Title SECRETARY
Name SANDHAM, MARK
Address 238 LITTLETON RD., SUITE 100
City-State-Zip: WESTFORD MA 01886

Title OTHER
Name STOKES, STEVEN
Address 238 LITTLETON RD
SUITE 100
City-State-Zip: WESTFORD MA 01886

Title DIRECTOR
Name ROLNICK, BRIAN
Address 238 LITTLETON RD
SUITE 100
City-State-Zip: WESTFORD MA 01886

Title CFO
Name SANDHAM, MARK
Address 238 LITTLETON RD
SUITE 100
City-State-Zip: WESTFORD MA 01886

Title CEO
Name MCLEROTH, KENT
Address 238 LITTLETON RD
SUITE 100
City-State-Zip: WESTFORD MA 01886

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: STEVEN STOKES

OTHER

01/04/2017

Electronic Signature of Signing Officer/Director Detail_____
Date