

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 21, 2016
Secretary of State
CC2270044868

Entity Name: ABILIS SOLUTIONS CORP.

Current Principal Place of Business:

245 COMMERCIAL ST, 3RD FLOOR
PORTLAND, ME 04101

Current Mailing Address:

C/O DRUMMOND WOODSUM
84 MARGINAL WAY, STE 600
PORTLAND, ME 04101-2480 US

FEI Number: 01-0449686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 PRES
Name ELBAZ, ALAIN
Address 245 COMMERCIAL ST., 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title TREA
Name ELBAZ, ALAIN
Address 245 COMMERCIAL ST., 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title SEC
Name LEGOFF, ERIC
Address 245 COMMERCIAL ST., 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title DIR
Name ELBAZ, ALAIN
Address 245 COMMERCIAL ST., 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title DIR
Name LEGOFF, ERIC
Address 245 COMMERCIAL ST., 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title DIR
Name DIONNE, PATRICE
Address 245 COMMERCIAL ST., 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name SCHENDLEUR, PIERRE
Address 245 COMMERCIAL ST, 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title CEO, VP OF OPERATIONS
Name DIONNE, PATRICE
Address 245 COMMERCIAL ST, 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

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: ALAIN ELBAZ

PRESIDENT

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PROULX, ROBERT
Address 245 COMMERCIAL ST, 3RD FLOOR
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR
Name LABELLE, PHILIPPE
Address 245 COMMERCIAL ST, 3RD FLOOR
City-State-Zip: PORTLAND ME 04101