

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005648

**FILED**  
**Feb 06, 2017**  
**Secretary of State**  
**CC7858062492**

**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            SCHEDLEUR, 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**

**02/06/2017**

\_\_\_\_\_  
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