

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000960

**Entity Name:** MAFCOTE, INC.

**Current Principal Place of Business:**

108 MAIN STREET  
NORWALK, CT 06851

**Current Mailing Address:**

108 MAIN STREET  
NORWALK, CT 06851

**FEI Number:** 13-3288551

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR SUITE A  
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 D  
Name SCHULMAN, STEVEN A  
Address 108 MAIN STREET  
City-State-Zip: NORWALK CT 06851

Title D  
Name SCHULMAN, KENNETH B  
Address 108 MAIN STREET  
City-State-Zip: NORWALK CT 06851

Title C  
Name PSHYK, IRENE  
Address 108 MAIN STREET  
City-State-Zip: NORWALK CT 06851

Title T  
Name GILLILAND, STEVE  
Address 108 MAIN STREET  
City-State-Zip: NORWALK CT 06851

*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 A. SCHULMAN

**PRESIDENT**

**04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date