

|  |                  |   |          |  |                     |
|--|------------------|---|----------|--|---------------------|
| No. <b>C 202786</b>  |                  | <b>Due no later than Jul 31, 2015</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MATERNE NORTH AMERICA, CORP.<br>BORIS SALOME<br>8385 BIRCH LANE<br>NAMPA ID 83687 |          | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |                     |
|  |                  |   |          | 3. <u>New</u> Registered Agent Signature:*                                   |                     |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |   |          |  |                     |
| Office Held  | Name             | Street or PO Address  | City     | State  | Country Postal Code |
| PRESIDENT  | MICHAEL LARROCHE | 20 W 22ND ST 12FL   | NEW YORK | NY   | 10010               |
| 5. Organized Under the Laws of:<br><br><b>NY<br/>C 202786</b>  |                  | 6. Annual Report must be signed.*<br>Signature: boris salome<br>Name (type or print): boris salome<br>Date: 06/16/2015<br>Title: plant director                                     |          |  |                     |
| Processed 06/16/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |          |  |                     |