19-639836

Secretary of State
Statement of Information
(California Stock, Agricultural Cooperative and Foreign Corporations)

SI-550

2 copy

FILED
Secretary of State
State of California
SEP 26 2019

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) – $25.00;

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

26/25/PC
This Space For Office Use Only

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)
SMARTMATIC USA CORP

2. 7-Digit Secretary of State File Number
C4104078

3. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Executive Office - Do not list a P.O. Box: 1001 BROKEN SOUND PKWY STE D	BOCA RATON	FL	33487
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	CA	Zip Code

4. Officers — The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

	First Name	Middle Name	Last Name	Suffix
a. Chief Executive Officer/	ROGER	PINATE	MARTINEZ	
Address: 1001 BROKEN SOUND PKWY STE D			City (no abbreviations): BOCA RATON	State: FL; Zip Code: 33487
b. Secretary	ROBERT	H	COOK	
Address: 1001 BROKEN SOUND PKWY STE D			City (no abbreviations): BOCA RATON	State: FL; Zip Code: 33487
c. Chief Financial Officer/	ROGER	PINATE	MARQUEZ	
Address: 1001 BROKEN SOUND PKWY STE D			City (no abbreviations): BOCA RATON	State: FL; Zip Code: 33487

5. Director(s) — California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

	Middle Name	Last Name	Suffix
a. First Name			
Address		City (no abbreviations)	State / Zip Code

b. Number of Vacancies on the Board of Directors, if any

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

	Middle Name	Last Name	Suffix
a. California Agent's First Name (if agent is not a corporation)			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State: CA	Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
Capitol Corporate Services, Inc. #C1990324

7. Type of Business

Describe the type of business or services of the Corporation
The design, development, manufacture and deployment of voting technologies for government agencies/large enterprises

8. The information contained herein, including in any attachments, is true and correct.

Date	Type or Print Name of Person Completing the Form	Title	Signature
9/26/19	Nora Hernandez	Authorized person	

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