2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 08:00 AM Secretary of State **DOCUMENT # F01000005505** 1. Entity Name MICRO MATIC USA, INC. Principal Place of Business Mailing Address 19791 BAHAMA STREET NORTHRIDGE CA 91324 19791 BAHAMA STREET NORTHRIDGE CA 91324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 51-0279808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE TALLAHASSEE FL 32301 Zip Code City 8. The above named entiff submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations a SIGNATURE (NOTE Registered Agent signature required when reinstating) (FILE NOW!!! FEE IS \$150.00) 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST MILE ☐ Delete TITLE Change MUZZONIGRO, PETER J NAME NAME U00000057283 STREET ADDRESS 19791 BAHAMA STREET STREET ADDRESS 02/19/04-80054-021 150.00 CITY - ST - ZIP NORTHRIDGE CA 91324 CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME NIELSEN, C. CHR. STREET ADDRESS 19791 BAHAMA STREET STREET ADDRESS NORTHRIDGE CA 91324 CITY - ST- ZIP CITY-ST-ZIP TETLE ☐ Delete TITLE Change ☐ Addition MAME NIELSEN, SVEND-ANGE NAME STREET ADDRESS 19791 BAHAMA STREET STREET ADDRESS CITY-ST-ZIP NORTHRIDGE CA 91324 CITY-ST-ZIP TITLE ☐ Üelete ☐ Addition THIX, ANDRE NAME NAME 19791 BAHAMA STREET STREET ADDRESS STREET ADDRESS NORTHRIDGE CA 91324 CITY - ST - ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

| 12, 200 + (818) 882-8012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR