

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90020 002 ***150.00

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| DOCUMENT # F01000005557 | |
| 1. Entity Name CIL US, INC. | |
| Principal Place of Business 29111 BUCHANAN DRIVE BAY VILLAGE OH 44140 | Mailing Address 29111 BUCHANAN DRIVE BAY VILLAGE OH 44140 |
| 2. Principal Place of Business | 3. Mailing Address MICHAEL SPECHT, CPA C/O DRAM, YELON + BERNSTEIN PC |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 450 LEXINGTON AVE # 2150 |
| City & State | City & State NEW YORK, NY |
| Zip | Country 10170 USA |
| 4. FEI Number 13-4194392 APPLIED FOR | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| | | FL | |

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD CAMUS, CYRIL C.R.P. 90 LONG ACRE LONDON, ENGLAND WC2E 9RA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAGITE ST-LAURENT DE COGNAC BOUL 17610 CHERAC FRANCE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CAMUS, JEAN B 90 LONG ACRE LONDON, ENGLAND WC2E 9RA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D LES BORDERIES 16370 ST-SULPICE DE LOGNON FRANCE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RICHARDSON, BRIAN 90 LONG ACRE LONDON, ENGLAND WC2E 9RA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D 1 THE PROMENADE HULLBRIDGE ESSEX SS5 6NF ENGLAND |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FORTIN, LAURENT 29111 BUCHANAN DRIVE BAY VILLAGE OH 44140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SECRETARY** **12 FEBRUARY 2002** **44 207 845 5421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)