

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005557

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CIL US, INC.

**Current Principal Place of Business:**

280 PLANDOME ROAD  
MANHASSET, NY 11030

**New Principal Place of Business:**

**Current Mailing Address:**

MICHAEL SPECHT ,CPA  
14 PENN PLAZA # 1800  
NEW YORK, NY 10122

**New Mailing Address:**

FEI Number: 13-4194392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: CAMUS, CYRIL  
Address: 29 RUE MARGUERITE DE NAVARRE  
City-St-Zip: COGNAC, FR FR

Title: SD ( ) Delete  
Name: GIRARDEAU, JEAN-MARC  
Address: 29 RUE MARGUERITTE DE NAVARRE  
City-St-Zip: COGNAC, FR FR

Title: TD ( ) Delete  
Name: CROZIER, JACQUES  
Address: 29 RUE MARGUERITTE DE NAVARRE  
City-St-Zip: COGNAC, FR FR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SPECHT

CPA

04/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date