

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90025 011 ***150.00

DOCUMENT # F02000005898

1. Entity Name
MACQUARIE ELECTRONICS USA INC.



Principal Place of Business
**11440 WEST BERNARDO COURT, STE. 366
SAN DIEGO, CA 92127**

Mailing Address
**600 FIFTH AVE
21ST FLOOR
NEW YORK, NY 10020**

20026040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-2077555

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **COONS, DAVID**
STREET ADDRESS **11440 WEST BERNARDO COURT, STE. 366**
CITY-ST-ZIP **SAN DIEGO, CA 92127**

TITLE **ST** ☒ Delete
NAME **ADAMS, WENDY**
STREET ADDRESS **600 FIFTH AVE., 21ST. FL**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☐ Delete
NAME **FARRELL, GARRY**
STREET ADDRESS **1 MARTIN PLACE**
CITY-ST-ZIP **SYDNEY, NSW 2000, AUSTRALIA,**

TITLE **D** ☒ Delete
NAME **MOORE, NICHOLAS**
STREET ADDRESS **1 MARTIN PLACE**
CITY-ST-ZIP **SYDNEY, NSW 2000, AUSTRALIA,**

TITLE **D** ☒ Delete
NAME **STOKES, PETER**
STREET ADDRESS **600 FIFTH AVE. 21ST. FL**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☒ Delete
NAME **YATES, OLIVER**
STREET ADDRESS **600 FIFTH AVE. 21ST. FL**
CITY-ST-ZIP **NEW YORK, NY 10020**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Change ☐ Addition
NAME **MULLIN, JOHN**
STREET ADDRESS **600 FIFTH AVE., 21ST FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **BLEACH, MURRAY**
STREET ADDRESS **600 FIFTH AVE., 21ST FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **D** ☐ Change ☒ Addition
NAME **MELLOR, BRUCE**
STREET ADDRESS **11440 WEST BERNARDO COURT, STE. 366**
CITY-ST-ZIP **SAN DIEGO, CA 92127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #