2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007470

Entity Name: BUREAU VERITAS CERTIFICATION NORTH AMERICA, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11860 W STATE ROAD 84, STE 1 FT. LAUDERDALE, FL 33325				11860 W. STATE ROAD 84, STE. 1 FORT LAUDERDALE, FL 33325		
Current Mailing Address:				New Mailing Address:		
C/O ORRICK, ATTN: B. HAIMES 666 FIFTH AVE., #2139 NEW YORK, NY 10103						
FEI Number: 13-3609204 FEI Number Applied For () FEI Nu			FEI Num	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PIEDELIEVRE, F	REFLETS - LA DEFENSE 2		Title: Name: Address: City-St-Zip:	GUIMARAES, 11860 W. STA	() Change () Addition PEDRO ITE ROAD 84, STE. 1 RDALE, FL 33325
Title: Name: Address: City-St-Zip:	SVP () ERZONCA, GREG 580 WATERS ED LOMBARD, IL 60	OGE SUITE 210		Title: Name: Address: City-St-Zip:	DAMASCENO, 11860 W. STA	() Change () Addition LUIS ITE ROAD 84, STE. 1 RDALE, FL 33325
Title: Name: Address: City-St-Zip:	TARDAN, FRANC	REFLETS-LA DEFENSE 2		Title: Name: Address: City-St-Zip:	RZONCA, GRE	EDGE, STE. 210
Title: Name: Address: City-St-Zip:	P () [GUIMARAES, PE 11860 W STATE FORT LAUDERD	DRO ROAD, 84 SUITE 1		Title: Name: Address: City-St-Zip:	BUSH, HEATH 11860 W. STA	() Change () Addition ER B ITE ROAD 84, STE. 1 RDALE, FL 33325
Title: Name: Address: City-St-Zip:	TONG, RICHARD	ROAD 84, STE 1		Title: Name: Address: City-St-Zip:	HAIMES, BUR	666 FIFTH AVE., #2139
Title: Name: Address: City-St-Zip:	HAIMES, BURTO	6 FIFTH AVENUE, #2139		Title: Name: Address: City-St-7ip:	() Change () Addition

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: BURTON K. HAIMES S 04/01/2009