


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90035 002 \*\*\*\*61.25

DOCUMENT # F07000003721

1. Entity Name  
 UNIVERSITY OF ABERDEEN DEVELOPMENT TRUST (USA) INC.



Principal Place of Business: C/O SPIREC N.A. INC, 50 EAST 17TH ST, PATERSON, NJ 07524-1552

Mailing Address: RIVER ST. STATION, P.O. BOX 1106, PATERSON, NJ 07544-1106

**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 52-1970587 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DAUBE, JONATHAN M DR.
STREET ADDRESS	GREAT PATH, P.O. BOX 1046
CITY- ST- ZIP	MANCHESTER, CT 060451046
TITLE	VT
NAME	HARDMAN, NORMAN DR
STREET ADDRESS	1 LENAPE COURT
CITY- ST- ZIP	CANBURY, NY 085122613
TITLE	R J
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: N. Hardman N. HARDMAN 1.9.08 732-829-0164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #