

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

C/O SPIREC N.A. INC
50 EAST 17TH ST
PATERSON, NJ 075241552

New Principal Place of Business:

Current Mailing Address:

RIVER ST. STATION
P.O. BOX 1106
PATERSON, NJ 075441106

New Mailing Address:

FEI Number: 52-1970587 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: DAUBE, JONATHAN M DR.
Address: 50 SCARBOROUGH ROAD
City-St-Zip: MANCHESTER, CT 060405431

Title: VP
Name: HARDMAN, NORMAN DR
Address: 1 LENAPE COURT
City-St-Zip: CRANBURY, NJ 085122613

Title: SEC
Name: BAKER, SUZANNE M MRS
Address: 66 NOYES STREET
City-St-Zip: NEEDHAM, MA 02492

Title: T
Name: SIEVWRIGHT, JOHN P DR
Address: 138 LOWER CROSS ROAD
City-St-Zip: GREENWICH, CT 068313014

Title: D
Name: MALLOCH, RICHARD P MR
Address: 106 ROCKWOOD LANE
City-St-Zip: GREENWICH, CT 068303845

Title: D
Name: PATTON, GEORGE T MR
Address: 1155 RIVERSIDE AVENUE
City-St-Zip: BALTIMORE, MD 212304119

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES C.DAY

ADMN

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date