

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

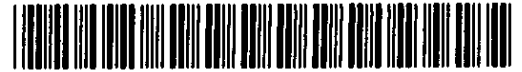
02-21-2002 90159 016 ***150.00

DOCUMENT # F93000000210

1. Entity Name
CORIN USA LIMITED, INC.

Principal Place of Business
THE CORINIUM CENTRE
CIRENCESTER, GLOUCESTERSHIRE GL7 1YJ
ENGLAND

Mailing Address
10500 UNIVERSITY CTR. DRIVE
SUITE 190
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3340933

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

7. Name and Address of New Registered Agent

GRAINGER, ALAN
10500 UNIVERSITY CENTER DRIVE
SUITE 190
TAMPA FL 33612

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **GIBSON, PETER**
 CITY-ST-ZIP **WILLESLEY HOUSE, WILLESLEY NR MALMESBURY**
WILTSHIRE, UNITED KINGDOM

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

TITLE ☐ Delete
 NAME **MD**
 STREET ADDRESS **PALING, IAN**
 CITY-ST-ZIP **CYCLAMEN LODGE-PRIVATE RD, RODBOROUGH COMM**
STROUD, GLOUCESTERSHIRE UK

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HARTLEY, SIMON**
 CITY-ST-ZIP **WELLWOOD HOUSE, 8 BATTLEDOWN-CHELTENHAM**
GLOUCESTERSHIRE, UK

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

TITLE ☐ Delete
 NAME **FC**
 STREET ADDRESS **GRAINER, ALAN**
 CITY-ST-ZIP **8 PRIORITY TERRACE, CHELTENHAM**
GLOUCESTERSHIRE UK

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)



10500 UNIVERSITY CENTRE DRIVE
SUITE 190
TAMPA, FLORIDA 33612
FAX: 813/979-0042
TEL: 813/977-4469

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
PO BOX 1500
TALLAHASSEE, FL
32302

REMITTANCE ADVICE

Account No: FLOD1

Date: 01/31/02

Page No: 1

Cheque 5069 for 150.00

[illegible]