

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005784

FILED
Apr 11, 2009
Secretary of State

Entity Name: SEEMI AMERICA LLC

Current Principal Place of Business:

C/O ORRICK, ATTN: B. HAIMES
666 FIFTH AVE., #2139
NEW YORK, NY 10103

New Principal Place of Business:

C/O WATSON FARLEY; PHILIPPE MANTEAU
1133 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Current Mailing Address:

C/O ORRICK, ATTN: B. HAIMES
666 FIFTH AVE., #2139
NEW YORK, NY 10103

New Mailing Address:

C/O WATSON FARLEY; PHILIPPE MANTEAU
1133 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

FEI Number: 74-3148593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORTECCIA, LAURENT
Address: 1, ROUTE DE CLAIX
City-St-Zip: LA COURONNE, FRANCE, // 16400

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: MANTEAU, PHILIPPE
Address: C/O WATSON FARLEY;1133 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILIPPE MANTEAU

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04/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date