

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90707 003 \*\*\*150.00

**DOCUMENT #** P00000039409

**1. Entry Name**  
LASSERGUT FARMS USA, INC.

*NIC  
FED  
STABLE  
MAM*

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
600 Madison Avenue

**3. Mailing Address**  
600 Madison Avenue

Suite, Apt. #, etc.  
12th Floor

Suite, Apt. #, etc.  
12th Floor

City & State  
New York, NY

City & State  
New York, NY

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
22-730081

Applied For  
 Not Applicable

Zip  
10022

Country  
USA

Zip  
10022

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City  
Tallahassee **FL** Zip Code  
32301-2525

**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]*  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

**TITLE**  
Director / President  
**NAME**  
Fabio Soldati  
**STREET ADDRESS**  
Lugano, Switzerland  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
Vice President / Treasurer  
**NAME**  
600 Madison Avenue, 12th Floor  
**STREET ADDRESS**  
New York, NY 10022  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
Vice President / Secretary  
**NAME**  
Mario Gazzola  
**STREET ADDRESS**  
600 Madison Avenue, 12th Floor  
**CITY - ST - ZIP**  
New York, NY 10022

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**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)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

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

Mario Gazzola

6/10/02

Date

(212) 980-3500

Daytime Phone #

CR2E034B (12/01)