

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000007450

Entity Name: TRANSCORP USA INC.

FILED
Jul 07, 2009
Secretary of State**Current Principal Place of Business:**7865 WINDOVER WAY
TITUSVILLE, FL 32780**New Principal Place of Business:****Current Mailing Address:**7865 WINDOVER WAY
TITUSVILLE, FL 32780**New Mailing Address:**

FEI Number: 59-3692049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SULTAN, AZMI PD
7865 WINDOVER WAY
TITUSVILLE, FL 32780 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: PRES () Delete
Name: SULTAN, AZMI
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780Title: SECT () Delete
Name: SULTAN, GLENDA
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780Title: TREA () Delete
Name: SULTAN, GLENDA
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780Title: V.P. () Delete
Name: SULTAN, KAMRAN U
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: V.P/ (X) Change () Addition
Name: SULTAN, KAMRAN U
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780Title: V.P () Change (X) Addition
Name: SULTAN, JAMAL K
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780Title: DIR () Change (X) Addition
Name: SULTAN, AZMI
Address: 7865 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

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

SIGNATURE: AZMI SULTAN

PRES

07/07/2009

Electronic Signature of Signing Officer or Director

Date