

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04681

Entity Name: ECONOCOM-USA, INC.

FILED  
Jan 07, 2005  
Secretary of State

**Current Principal Place of Business:**

6750 POPLAR AVE  
SUITE 202  
MEMPHIS, TN 38138 US

**New Principal Place of Business:**

**Current Mailing Address:**

6750 POPLAR AVE  
SUITE 202  
MEMPHIS, TN 38138 US

**New Mailing Address:**

FEI Number: 62-0937350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
103 N. MERIDIAN 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: BOUCHARD, JEAN-LOUIS  
Address: 12 AVENUE BOSQUET  
City-St-Zip: PARIS, FRANCE, FR 75007 FR

Title: V/S ( ) Delete  
Name: CONNIE, FOSTER  
Address: 6750 POPLAR AVENUE, SUITE 202  
City-St-Zip: MEMPHIS, TN 38138

Title: P/D ( ) Delete  
Name: DRAKE, MICHAEL  
Address: 7074 MANOR WOODS CT  
City-St-Zip: GERMANTOWN, TN 38138

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE FOSTER

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01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date