

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005899

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: ROSET USA CORPORATION

## Current Principal Place of Business:

111 BROADWAY, SUITE 1004  
NEW YORK, NY 10006

## New Principal Place of Business:

## Current Mailing Address:

111 BROADWAY, SUITE 1004  
NEW YORK, NY 10006

## New Mailing Address:

FEI Number: 51-0268177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PCD ( ) Delete  
Name: ROSET, MICHEL  
Address: 111BROADWAY, SUITE 1004  
City-St-Zip: NEW YORK, NY 10006

Title: VSTD ( ) Delete  
Name: ROSET, PIERRE  
Address: 111 BROADWAY, SUITE 1004  
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete  
Name: COURVOISIER, PHILIPPE  
Address: 111BROADWAY, SUITE 1004  
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete  
Name: DROZ, JEAN-LOUIS  
Address: 111 BROADWAY, SUITE 1004  
City-St-Zip: NEW YORK, NY 10006

Title: EVP ( ) Delete  
Name: ROSET, ANTOINE  
Address: 111 BROADWAY SUITE 1004  
City-St-Zip: NEW YORK, NY 10006

Title: DOF ( ) Delete  
Name: DELAYE, PIERRE  
Address: 111BROADWAY, STE. 1004  
City-St-Zip: NEW YORK, NY 10006

## 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: ( ) 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 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: PIERRE DELAYE

DOF

03/18/2009

Electronic Signature of Signing Officer or Director

Date