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Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739800

Entity Name: WORLDTEAM U.S.A., INC.

## **Current Principal Place of Business:**

1431 STUCKERT ROAD WARRINGTON, PA 18976

## **Current Mailing Address:**

1431 STUCKERT ROAD WARRINGTON, PA 18976 US

## FEI Number: 59-1759927

## Name and Address of Current Registered Agent:

MORGAN, CHARLES O 1300 NORTHWEST 167TH STREET NORTH MIAMI, FL 33169 US

| Apr 25, 2014                       |  |
|------------------------------------|--|
| Secretary of State                 |  |
| CC9708574390                       |  |
|                                    |  |
| Secretary of State<br>CC9708574390 |  |

FILED

Certificate of Status Desired: No

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

## Officer/Director Detail :

| Title                                       | VP   | Title                                       | CFO   |
|---|--|---|---|
| Name  | STAEDTLER, RICHARD   | Name  | KUHNS, MARK   |
| Address                                     | 33 BRAINTREE COMMONS   | Address                                     | 162 LINDEN COURT SOUTH  |
| City-State-Zip:                             | LANGHORNE PA 19053   | City-State-Zip:                             | EMMAUS PA 18049   |
| Title                                       | D  | Title                                       | D   |
| Name  | FARTHING, PHILIP   | Name  | BARAN, NANCY  |
| Address                                     | 927 LARCHMONT CRESCENT   | Address                                     | 12 HAWK DRIVE   |
| City-State-Zip:                             | NORFOLK VA 23508   | City-State-Zip:                             | PRINCETON JUNCTION NJ 08550   |
| Title                                       | D  | Title                                       | CHAIR   |
| THE   | B  |   |   |
| Name  | SMITH. PHYLLIS   | Name  | SCHMAUK, ROBERT   |
| Name<br>Address                             | SMITH, PHYLLIS<br>3932 DRUID HILLS LANE                                    | Name<br>Address                             | SCHMAUK, ROBERT<br>673 SPRING VALLEY ROAD   |
|   |  |   | ·   |
| Address                                     | 3932 DRUID HILLS LANE  | Address                                     | 673 SPRING VALLEY ROAD  |
| Address<br>City-State-Zip:                  | 3932 DRUID HILLS LANE<br>LOUISVILLE KY 40207                               | Address<br>City-State-Zip:                  | 673 SPRING VALLEY ROAD<br>DOYLESTOWN PA 18901   |
| Address<br>City-State-Zip:<br>Title         | 3932 DRUID HILLS LANE<br>LOUISVILLE KY 40207<br>DIRECTOR                   | Address<br>City-State-Zip:<br>Title         | 673 SPRING VALLEY ROAD<br>DOYLESTOWN PA 18901<br>DIRECTOR   |
| Address<br>City-State-Zip:<br>Title<br>Name | 3932 DRUID HILLS LANE<br>LOUISVILLE KY 40207<br>DIRECTOR<br>AHIA, EMMANUEL | Address<br>City-State-Zip:<br>Title<br>Name | 673 SPRING VALLEY ROAD<br>DOYLESTOWN PA 18901<br>DIRECTOR<br>CRANE, DONALD<br>705 NATURAL SPRINGS COURT |

## Continues on page 2

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: MARK KUHNS

CHIEF FINANCIAL OFFICER 04/25/2014

Date

Date

#### **Officer/Director Detail Continued :**

| Title           | DIRECTOR                 | Title           | DIRECTOR                      |
|-----------------|--------------------------|-----------------|-------------------------------|
| Name            | DAO, FU-TAK              | Name            | GREINER, MICHAEL              |
| Address         | 689 POST LANE            | Address         | 1000 FREEPORT ROAD            |
| City-State-Zip: | SOMERSET NJ 08873        | City-State-Zip: | KITTANING PA 16201            |
|                 |                          |                 |                               |
|                 |                          |                 |                               |
| Title           | DIRECTOR                 | Title           | PRESIDENT                     |
| Title<br>Name   | DIRECTOR<br>PIRRONE, TOM | Title<br>Name   | PRESIDENT<br>OESSENICH, KEVIN |
|                 |                          |                 |                               |
| Name            | PIRRONE, TOM             | Name            | OESSENICH, KEVIN              |