

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006772

Entity Name: STEMCOR USA INC.**Current Principal Place of Business:**350 FIFTH AVENUE
SUITE 1526
NEW YORK, NY 10118**Current Mailing Address:**350 FIFTH AVENUE
SUITE 1526
NEW YORK, NY 10118**FEI Number:** 13-3456822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INMAN, CARMEN M
200 EAST LAS OLAS BOULEVARD
SUITE 1200
FORT LAUDERDALE, FL 33301 US*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**Officer/Director Detail :**

Title	D
Name	OPPENHEIMER, RALPH
Address	350 FIFTH AVENUE STE 1526
City-State-Zip:	NEW YORK NY 10118

Title	D
Name	EDMONDS, PHILIP
Address	350 FIFTH AVENUE STE 1526
City-State-Zip:	NEW YORK NY 10118

Title	D
Name	VERDEN, JULIAN
Address	350 FIFTH AVENUE STE 1526
City-State-Zip:	NEW YORK NY 10118

Title	PD
Name	GRAF, STEVEN
Address	350 FIFTH AVENUE STE 1526
City-State-Zip:	NEW YORK NY 10118

Title	D
Name	BROOM, MICHAEL
Address	350 FIFTH AVENUE SUITE 1526
City-State-Zip:	NEW YORK NY 10118

Title	VP
Name	WILLIAMS, CHRISTOPHER
Address	350 FIFTH AVENUE SUITE 1526
City-State-Zip:	NEW YORK NY 10118

Title	VP
Name	GILL, SHAWN
Address	350 FIFTH AVENUE SUITE 1526
City-State-Zip:	NEW YORK NY 10118

Title	VP
Name	EDMONDS, RICHARD
Address	350 FIFTH AVENUE SUITE 1526
City-State-Zip:	NEW YORK NY 10118

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

SIGNATURE: SHAKIR YAHYA**SECRETARY****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name BARILLA, LAURIE
Address 350 FIFTH AVENUE
SUITE 1526
City-State-Zip: NEW YORK NY 10118

Title SECRETARY
Name YAHYA, SHAKIR
Address 350 FIFTH AVENUE
SUITE 1526
City-State-Zip: NEW YORK NY 10118