2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 718445

1. Entity Name
GALCOM INTERNATIONAL USA, INC.

Principal Place of Business	Mailing Address
11621 CARROLLWOOD DR. TAMPA, FL 33618	11621 CARROLLWOOD DR. TAMPA, FL 33618

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01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7248591
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, GARY G.
11621 CARROLLWOOD DR.
TAMPA, FL 33168

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KENT, HAROLD
STREET ADDRESS	16310 AVILA BLVD
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	ST
NAME	NELSON, MARY
STREET ADDRESS	11621 CARROLLWOOD DR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P
NAME	NELSON, GARY
STREET ADDRESS	11621 CARROLLWOOD DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	NELSON, MARK
STREET ADDRESS	713 HIGHLANDS AVE.
CITY-ST-ZIP	CHARLOTTESVILLE, FL 22903
TITLE	D
NAME	KARVONEN, DANIEL
STREET ADDRESS	320 WOODSHIRE DR.
CITY-ST-ZIP	MANKATO, MN 56001
TITLE	D
NAME	MCGUIRL, ALLAN
STREET ADDRESS	115 NEBO RD
CITY-ST-ZIP	HAMILTON ONTARIO, CN

U00000776702
01/09/08-80034-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Nelson /P Jan 6, 2008 (813)933-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #