

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 822249 (9)

Corporation Name  
A SYSTEMS USA INC.

FILED  
Feb 24 1997 8:00am  
Secretary of State



Principal Place of Business 1111 NORTH LOOP WEST SUITE 700 HOUSTON TX 77008 US		Mailing Address CORPORATE RECORDS P.O. BOX 487 ELLICOTT STA P O BOX 487, ELLICOTT STATION BUFFALO NY 14205-0487 US		3. Date Incorporated or Qualified 12/31/1968		3a. Date of Last Report 03/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 94-0349660		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE							
12. OFFICERS AND DIRECTORS							
1.1 TITLE <input type="checkbox"/> DELETE							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE <input checked="" type="checkbox"/> DELETE							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE <input type="checkbox"/> DELETE							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE <input type="checkbox"/> DELETE							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE <input type="checkbox"/> DELETE							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE <input type="checkbox"/> DELETE							
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lyn Parry, V.P., CFO & Secretary

Jan. 24, 1997 416-665-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0007019

CR2E034 (9/96)