2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90001 004 ***150.00

549247

DOCUMENT # 827270

1. Entity Name
FCI USA, INC.

Principal Place of Business	Mailing Address
825 OLD TRAIL RD ETTERS PA 17319	825 OLD TRAIL RD ETTERS PA 17319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 825 OLD TRAIL Rd
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address:
FCI USA, INC.
52 GRUMBACHER RD. SUITE 1
YORK, PA 17402
ATTN: TAX DEPARTMENT

EI Number 06-0669929 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, VP STEPS, B. JILL 825 OLD TRAIL RD ETTERS PA 17319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Philippe Anglaret La Defense 6 Paris France 92064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP CUILHE, MICHEL 825 OLD TRAIL ROAD ETTERS PA 17319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Michel Safir 145/147 rue Yves Le Coz Versailles France 78000	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~MAYO, JOHN R~~ ~~101 E INDUSTRIAL PARK DR~~ ~~MANCHESTER NH 03103~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, Treasurer, Chairman of Bd PELTZ, ALAN H 825 OLD TRAIL RD ETTERS PA 17319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICE, BENARD LA DEFENSE 6 PARIS, FRANCE 92084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEHMANN, GILBERT LA DEFENSE 6 PARIS, FRANCE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. I 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B Jill Steps 4/30/01 **B. JILL STEPS VICE PRESIDENT, COUNSEL** 717-938-7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #