


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 827270	
1. Entity Name FCI USA, INC.	

Principal Place of Business 825 OLD TRAIL RD ETTERS, PA 17319	Mailing Address 825 OLD TRAIL RD ETTERS, PA 17319
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02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0669929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP STEPS, B. JILL 825 OLD TRAIL RD ETTERS, PA 17319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDCE LAMY, JEAN-LUCIEN 53 RUE DE CHATERUDUN, CEDAR 8 PARIS, FRANCE, 75311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CALLAHAN, DONALD 825 OLD TRAIL RD ETTERS, PA 17319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PAGE, RICHARD 825 OLD TRAIL RD ETTERS, PA 17319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/10/06-80019-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Alicia Steeps B. Jill Steps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary of State 2/28/06
Date Daytime Phone #