2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 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

DO NOT WRITE IN THIS SPACE

02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-0669929
☐ Applied For
☐ Not Applicable

5. 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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000829941
02/26/08-80063-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	STEPS, B. JILL
STREET ADDRESS	825 OLD TRAIL RD
CITY-ST-ZIP	ETTERS, PA 17319
TITLE	CDCE
NAME	LAMY, JEAN-LUCIEN
STREET ADDRESS	145 RAE YUES LE COZ
CITY-ST-ZIP	VERSRILLES, FR 78035
TITLE	T
NAME	CALLAHAN, DONALD
STREET ADDRESS	28100 CABOT DR STE 100
CITY-ST-ZIP	NOVI, MI 48377
TITLE	AS
NAME	PAGE, RICHARD
STREET ADDRESS	825 OLD TRAIL RD
CITY-ST-ZIP	ETTERS, PA 17319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of 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: B. Jill Steps
Senior Vice President
Administration & Counsel 2/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #