

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90453 030 \*\*\*150.00

**DOCUMENT # 827270**

1. Entity Name  
FCI USA, INC.



Principal Place of Business  
825 OLD TRAIL RD  
ETTERS PA 17319

Mailing Address  
52-GRUMBACHER ROAD 825 OLD TRAIL RD  
SUITE 1 ETTERS, PA 17319  
YORK-PA 17402  
ATTN: TAX DEPT

10070070



2. Principal Place of Business  
825 OLD TRAIL RD  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
ETTERS PA

City & State  
PA

4. FEI Number 06-0669929

Applied For  
Not Applicable

Zip  
17319

Country  
York

Zip

Country

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

## 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. 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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE SVP / Secretary / Counsel ☐ Delete  
NAME STEPS, B. JILL  
STREET ADDRESS 825 OLD TRAIL RD  
CITY-ST-ZIP ETTERS PA 17319

TITLE ~~DSVP~~ Director ☐ Delete  
NAME CUILHE, MICHEL  
STREET ADDRESS 825 OLD TRAIL ROAD  
CITY-ST-ZIP ETTERS PA 17319

TITLE ~~DS~~ Chairman of Board / CEO ☐ Delete  
NAME LAMY, JEAN-LUCIEN  
STREET ADDRESS 53 RUE DE CHATERUDUN, CEDAR 9  
CITY-ST-ZIP PARIS, FRANCE 75311

TITLE T ☐ Delete  
NAME CALLAHAN, DONALD  
STREET ADDRESS 825 OLD TRAIL RD  
CITY-ST-ZIP ETTERS PA 17319

TITLE D ☒ Delete  
NAME BRICE, BENARD  
STREET ADDRESS LA DEFENSE 6  
CITY-ST-ZIP PARIS, FRANCE 92084

TITLE D ☒ Delete  
NAME SAFIR, MICHEL  
STREET ADDRESS 1451147 RUE YUES LEC02  
CITY-ST-ZIP VERSAILLES, FRANCE 78000

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President / Director ☐ Change ☒ Addition  
NAME John Burns  
STREET ADDRESS 47 E. Industrial Park Drive  
CITY-ST-ZIP Manchester, NH 03108

TITLE VP / Asst. Sec / Asst Treasurer ☐ Change ☒ Addition  
NAME Thierry Rossignaux  
STREET ADDRESS 53 rue de Chateau dun  
CITY-ST-ZIP Paris Cedex 9, France 75311

TITLE Asst Secretary ☐ Change ☒ Addition  
NAME Richard Page  
STREET ADDRESS 825 Old Trail Rd  
CITY-ST-ZIP Etters, PA 17319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen S. [Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

(717) 938-7197

Date

Daytime Phone #

CR2E034 (10/02)