

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **847033** (8)  
1. Corporation Name  
**SIGMA USA, INC.**



Principal Place of Business <b>108 W WILLIAMSBURG DR STARKVILLE MS 39759 US</b>	Mailing Address <b>108 W WILLIAMSBURG DR STARKVILLE MS 39759 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/23/1980</b>	
				4. FEI Number <b>64-0611663</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HUANG, YAW-BIN</b> <del>5307 26TH AVENUE COURT W</del> <del>BRADENTON FL 33529</del> <b>333 16TH AVENUE SOUTH</b> <b>ST. PETERSBURG, FL 33701</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HUANG, YAW BIN</b>			1.2 NAME	<b>W. ANDY WALTON</b>		
STREET ADDRESS	<del>5307 26TH AVE COURT W</del> <b>333 16TH AVE S</b>			1.3 STREET ADDRESS	<b>337 MADEIRA CIRCLE</b>		
CITY-ST-ZIP	<del>BRADENTON FL</del> <b>ST. PETERSBURG, FL</b>			1.4 CITY-ST-ZIP	<b>TIERRA VERDE, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	CONTROLLER		
NAME	<b>KUO, CHING-FEI WU</b>			2.2 NAME	<b>ANITA K. LAYTON</b>		
STREET ADDRESS	<b>108 W WILLIAMSBURG DR</b>			2.3 STREET ADDRESS	<b>720 SUNDANCE TRAIL</b>		
CITY-ST-ZIP	<b>STARKVILLE MS</b>			2.4 CITY-ST-ZIP	<b>WIMAUMA, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	<b>KUO, CHIANG-HAI</b>			3.2 NAME			
STREET ADDRESS	<b>108 W WILLIAMSBURG DR</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>STARKVILLE MS</b>			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUANG, WEN-CHING</b>			4.2 NAME			
STREET ADDRESS	<del>5307 26TH AVE COURT W</del> <b>239 BEAR COURT</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<del>BRADENTON FL</del> <b>FREMONT, CA</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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.

CR2E034 (10/97)