

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851221

FILED
Apr 14, 2009
Secretary of State

Entity Name: MERCER (US) INC.

Current Principal Place of Business:

1166 AVE. OF THE AMERICAS
TAX DEPT. 30 FL
NEW YORK, NY 100362708

New Principal Place of Business:

Current Mailing Address:

121 RIVER STREET
11TH FL, TAX DEPT
HOBOKEN, NJ 07030 US

New Mailing Address:

FEI Number: 13-2834414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHANNON, ROBERT H
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: CD () Delete
Name: BELTRAME, PETER E
Address: 121 RIVER ST
City-St-Zip: HOBOKEN, NJ 07030

Title: S () Delete
Name: GOLDENBERG, DAVID M
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: T () Delete
Name: PERCELLA, DANIEL L
Address: 121 RIVER STREET
City-St-Zip: HOBOKEN, NJ 07030

Title: AT () Delete
Name: MULMARINE-HAZEL, SHERYL P
Address: 121 RIVER ST
City-St-Zip: HOBOKEN, NJ 07030

Title: AT () Delete
Name: CAMMAROTO, FRANK A
Address: 121 RIVER STREET
City-St-Zip: HOBOKEN, NJ 07030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: MULRAINE-HAZELL, SHERYL P
Address: 121 RIVER ST
City-St-Zip: HOBOKEN, NJ 07030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL P. MULRAINE-HAZELL

AT

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date