

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90042 042 \*\*\*150.00

**DOCUMENT # F01000003498**

1. Entity Name  
**FTI-USA INC.**

Principal Place of Business  
**7975 - 114TH AVE NORTH  
 LARGO FL 33773**

Mailing Address  
**7975 - 114TH AVE NORTH  
 LARGO FL 33773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3270041**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PCD WALSH, ROBERT A**  
 STREET ADDRESS **472 COTE ST. ANTOINE**  
 CITY-ST-ZIP **MONTREAL, QUEBEC, CANADA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V ACCARD, STEPHANE**  
 STREET ADDRESS **58 RAE ST. PAUL WEST**  
 CITY-ST-ZIP **MONTREAL, QUEBEC, CANADA**

TITLE  Change  Addition  
 NAME **V ALLARD, STEPHANE**  
 STREET ADDRESS **58 RAE ST. PAUL WEST**  
 CITY-ST-ZIP **MONTREAL, QUEBEC, CANADA**

TITLE  Delete  
 NAME **S FIELD, GREGORY**  
 STREET ADDRESS **938 CARDINAL VILLENEUVE**  
 CITY-ST-ZIP **ST. BRUNO, QUEBEC, CANADA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BOYLE, M. BARRY**  
 STREET ADDRESS **110 CHESTNUT**  
 CITY-ST-ZIP **BAI D'URFE, QUEBEC, CANADA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BRKICH, JOHN**  
 STREET ADDRESS **221 TRINIDAD**  
 CITY-ST-ZIP **DOLLARD DES ORMEAUX, QC, CANADA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gregory Field* / **GREGORY FIELD** Jan 9/2002 514-485-8007

CR2E034 (9/01)