

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 046 ***150.00

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1. Entity Name
NEUHAUS (USA) INC.



Principal Place of Business
2 SECATOAG AVENUE
PORT WASHINGTON, NY 11050

Mailing Address
2 SECATOAG AVENUE
PORT WASHINGTON, NY 11050

44044305



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2581001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
EMERY, CLAUDE
2 SECATOAG AVENUE
PORT WASHINGTON, NY 11050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
~~VONKEN, MARLENE~~ JOS LINKENS
POSTWEG 2
1602 VLEZENBEEK, BELGIUM,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAQUOT, GUY
POSTWEG 2
1602 VLEZENBEEK, BELGIUM,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NOEL, MARC
10729 TREGO TRAIL
RALEIGH, NC 27614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER SERAN

ACCOUNTING MANAGER

4/28/04

Date Daytime Phone #

(516) 883-7400