

FILED  
Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90134 039 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F01000006029			
1. Entity Name <b>A.T. Villa USA, Inc.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>1717 Pearl Street</b>		3. Mailing Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Waukesha, WI</b>		City & State	
Zip <b>53186</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>39-1988981</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>			
Name <b>CT Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>			
City <b>Plantation</b>		FL	Zip Code <b>33324</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		January 1 to May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$6125 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T Jeffrey Caplan 1717 Pearl Street Waukesha, WI 53186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Steven Jacobus 1717 Pearl Street Waukesha, WI 53186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D Alex Villa A.T. Villa Italy, Viale 5 Giornate 1173 21042 Carono P.lla VA Italy</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.			
<b>SIGNATURE: Jeffrey Caplan</b>		<b>April , 2002 800-779-4242</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2ED34B (12/01)