

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000003539

Entity Name: DISTELL (USA) INC.

FILED  
Oct 25, 2004  
Secretary of State

## Current Principal Place of Business:

3 GANNET DRIVE, SUITE 110  
WHITE PLAINS, NY 10604

## New Principal Place of Business:

## Current Mailing Address:

3 GANNET DRIVE, SUITE 110  
WHITE PLAINS, NY 10604

## New Mailing Address:

FEI Number: 75-2988062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DEWHURST, SIMON  
Address: 3 GANNET DRIVE, SUITE 110  
City-St-Zip: WHITE PLAINS, NY 10604

Title: D ( ) Delete  
Name: GALLOW, DON  
Address: P.O. BOX 184  
City-St-Zip: STELLENBOSCH, SOUTH AFRICA,

Title: D ( ) Delete  
Name: CRONJE, C.J.  
Address: P.O. BOX 184  
City-St-Zip: STELLENBOSCH, SOUTH AFRICA,

Title: S ( ) Delete  
Name: GREENFIELD, GARY  
Address: 3 GANNET DRIVE, SUITE 110  
City-St-Zip: WHITE PLAINS, NY 10604

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIMON DEWHURST

DP

10/25/2004

Electronic Signature of Signing Officer or Director

Date