2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F02000006243

1. Entity Name HC (USA), INC.

SIGNATURE: ≤



Principal Place of Business Mailing Address

1515 S. FEDERAL HWY., STE. 401 BOCA RATON, FL 33432 1515 S. FEDERAL HWY., STE. 401 BOCA RATON, FL 33432

FILED Mar 23, 2004 08:00 AM Secretary of State



01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 92-0190378

1/16/04

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS ST. #400 WEST PALM BEACH, FL 33401

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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 rehistating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000094615 03/23/04-80003-023 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COWAN, SANDRA 67 KINGSWAY CRESCENT ETOBICOKE ONTARIO M8X2R5,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALTER, GILBERT 42 BARRYDALE CRESCENT DON MILLS ONTARIO M3B3E2,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HUDSON, STEVE 300 BAY ST., STE. 700 TORONTO ONTARIO M5H2F9,			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'TOOLE, DAVID 1533 RIALTO DR BOYNTON BEACH, FL 33436			IN .	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				· • • • • • • • • • • • • • • • • • • •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.					