

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90174 034 \*\*\*150.00

**DOCUMENT # F02000006243**

1. Entity Name  
**HC (USA), INC.**



Principal Place of Business  
**1515 S. FEDERAL HWY., STE. 401  
BOCA RATON, FL 33432**

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

**50044433**



01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**92-0190378**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 7. Name and Address of New Registered Agent

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. 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, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	COWAN, SANDRA	
STREET ADDRESS	67 KINGSWAY CRESCENT	
CITY-ST-ZIP	ETOBICOKE ONTARIO M8X2R5,	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALTER, GILBERT	
STREET ADDRESS	42 BARRYDALE CRESCENT	
CITY-ST-ZIP	DON MILLS ONTARIO M3B3E2,	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	HUDSON, STEVE	
STREET ADDRESS	300 BAY ST., STE. 700	
CITY-ST-ZIP	TORONTO ONTARIO M5H2F9,	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	O'TOOLE, DAVID	
STREET ADDRESS	1533 RIALTO DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul D. Finkelstein	
STREET ADDRESS	7201 Metro BLVD	
CITY-ST-ZIP	Minneapolis, MN 55439	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric A. Bakken	
STREET ADDRESS	7201 Metro BLVD	
CITY-ST-ZIP	Minneapolis, MN 55439	
TITLE	CFO/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fraser Clarke	
STREET ADDRESS	1515 S. Federal Highway, Ste 401	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Brisson	
STREET ADDRESS	1515 S. Federal Highway, Ste 401	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP-Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darryl Porter	
STREET ADDRESS	1515 S. Federal Highway, Ste 401	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	Soc'y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric A Bakken	
STREET ADDRESS	7201 Metro BLVD	
CITY-ST-ZIP	Minneapolis, MN 55439	

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

Date

Daytime Phone #