

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002672

FILED
Apr 30, 2007
Secretary of State

Entity Name: AMO USA, INC.

Current Principal Place of Business:

1700 E. ST. ANDREW PLACE
SANTA ANA, CA 92705 US

New Principal Place of Business:

Current Mailing Address:

1700 E. ST. ANDREW PLACE
SANTA ANA, CA 92705 US

New Mailing Address:

FEI Number: 75-3090998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAZZO, JAMES V
Address: 1700 E. ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705 US

Title: DVS () Delete
Name: WEISNER, AIMEE S
Address: 1700 E. ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705 US

Title: DVT () Delete
Name: SCULLIN, JR., VINCENT E
Address: 1700 E. ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705 US

Title: V () Delete
Name: FAGEN, DONALD L
Address: 3400 CENTRAL EXPRESSWAY
City-St-Zip: SANTA CLARA, CA 95051 US

Title: AS () Delete
Name: ROBINSON, CHRISTINA B
Address: 3400 CENTRAL EXPRESSWAY
City-St-Zip: SANTA CLARA, CA 95051 US

Title: VCFO () Delete
Name: MEIER, RICHARD A
Address: 1700 E. ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705 US

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: V (X) Change () Addition
Name: POST, DOUGLAS H
Address: 3400 CENTRAL EXPRESSWAY
City-St-Zip: SANTA CLARA, CA 95051 US

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 exemption stated in Chapter 119, 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: CHRISTINA B. ROBINSON

AS

04/30/2007

Electronic Signature of Signing Officer or Director

Date