## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003465

Entity Name: MOSAIC SALES SOLUTIONS US OPERATING CO.

FILED Sep 07, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
6051 N. STATE HIGHWAY 161, SUITE 100 IRVING, TX 75038					
Current Mailing Address:			New Mailing Address:		
6051 N. STATE HIGHWAY 161, SUITE 100 IRVING, TX 75038					
FEI Number: 56-2360186 FEI Numb		FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title:	PCD ()E	)elete	Title:	CEO (X) Change ( ) Addition	
Name: Address: City-St-Zip:	CASTAIDI, AL	WY 161, STE 100	Name: Address: City-St-Zip:	ROSE, JIM 6051 N. STATE HWY 161, STE 100 IRVING, TX 75038	
Title:	, ,	Pelete	Title:	PRES (X) Change ( ) Addition	
Name: Address: City-St-Zip:	LEE, BILL 6051 N. STATE H IRVING, TX 7503	IIGHWAY 161, SUITE 100 88	Name: Address: City-St-Zip:	LEE, BILL 6051 N. STATE HIGHWAY 161, SUITE 100 IRVING, TX 75038	
Title:		Delete	Title:	CFO (X) Change ( ) Addition	
Name: Address: City-St-Zip:	PARSONS, KELL 6051 N. STATE H IRVING, TX 7503	WY 161, STE 100	Name: Address: City-St-Zip:	PARSONS, KELLY 6051 N. STATE HWY 161, STE 100 IRVING, TX 75038	
Title: Name: Address: City-St-Zip:	D () E FRANK, RAMSEY 450 LEXINGTON NEW YORK, NY	´A AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LEVY, PAUL S 450 LEXINGTON NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LIGHTCAP, JEFF 450 LEXINGTON NEW YORK, NY	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KELLY PARSONS CFO 09/07/2005