2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90214 044 ***150.00

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1. Entity Name
MOSAIC SALES SOLUTIONS US OPERATING CO.

Principal Place of Business	Mailing Address
6051 N. STATE HIGHWAY 161, SUITE 100 IRVING, TX 75038	6051 N. STATE HIGHWAY 161, SUITE 100 IRVING, TX 75038

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2360186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ROSE, JIM 6051 N. STATE HWY 161, STE 100 IRVING, TX 75038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Senior Vice President Tracy South 6051 N. State Highway 161, Suite 100 Irving, Tx 75038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES LEE, BILL 6051 N. STATE HIGHWAY 161, SUITE 100 IRVING, TX 75038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Al Calstaldi 450 Lexington Ave. Suite 3350 New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO PARSONS, KELLY 6051 N. STATE HWY 161, STE 100 IRVING, TX 75038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Frank Rodriguez 450 Lexington Ave Suite 3350 New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK, RAMSEY A 450 LEXINGTON AVE. NEW YORK, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tony Lagorda 2700 Matheson Blvd East, Suite 200 Mississauga, Ontario L4W4V9	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY, PAUL S 450 LEXINGTON AVE.; Suite 3350 NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Stanley Jaffe 745 Fifth Avenue, Suite 1604 New York, NY 10151	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIGHTCAP, JEFFREY C 450 LEXINGTON AVE. NEW YORK, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Steve Donovan 1985 William Taft Road Cincinnati, OH 45206	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 5/1/06 972-870-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #