

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005231

1. Entity Name
UNI-SELECT USA SOUTH CENTRAL, INC.



Principal Place of Business
**20 HAZELWOOD DRIVE SUITE 100
BUFFALO, NY 14228**

Mailing Address
**20 HAZELWOOD DRIVE SUITE 100
BUFFALO, NY 14228**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1950828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACQUES, FLORENT
170 INDUSTRIEL BLVD., BOUCHERVILLE
QUEBEC, CANADA, J4B 2X3,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCONNELL, BILL
641 PHELAN AVENUE
MEMPHIS, TN 38126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RUTLAND, JOHN
641 PHELAN AVENUE
MEMPHIS, TN 38126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHESNAY, PIERRE
170 INDUSTRIEL BOUL, BOUCHERVILLE
QUEBEC, CANADA, J4B 2X3,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
TERHAAR, SCOTT
20 HAZELWOOD DRIVE SUITE 100
BUFFALO, NY 14228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000587972
01/17/07-80055-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Scott C. Terhaar **Scott C. Terhaar**

1/8/07

(716)531-9205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #