

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006444

Entity Name: GL&V USA INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

175 CRYSTAL STREET
LENOX, MA 01240 US

New Principal Place of Business:

Current Mailing Address:

4255 LAKE PARK BLVD.
SUITE 100
SALT LAKE CITY, UT 84120 US

New Mailing Address:

FEI Number: 58-2517780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERREAULT, LAURENT
1300 SOUTH OCEAN BLVD.
SUITE 704
POMPANO BEACH, FL 33062 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: PRES (X) Delete
Name: VERREAULT, LAURENT
Address: 1300 SOUTH OCEAN BLVD., SUITE 704
City-St-Zip: POMPANO BEACH, FL 33062

Title: VICP () Delete
Name: VERREAULT, RICHARD
Address: 22 RUE PIERRE-MENDES
City-St-Zip: TORCY, FR 77200 FR

Title: VICP () Delete
Name: MAHONEY, BILL
Address: 141 BURKE STREET
City-St-Zip: NASHUA, NH 03060

Title: VICP () Delete
Name: BARBEAU, MARC
Address: 2001 MCGILL COLLEGE, BUREAU 2100
City-St-Zip: MONTREAL, CANADA, QC H3A 1G1

Title: T () Delete
Name: LEMOINE, DAVE
Address: 175 CRYSTAL STREET
City-St-Zip: LENOX, MA 01240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: VERREAULT, RICHARD
Address: 22 RUE PIERRE-MENDES
City-St-Zip: TORCY, FR 77200 FR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVE LEMOINE

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04/14/2009

Electronic Signature of Signing Officer or Director

Date