

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90007 018 ***150.00

DOCUMENT # F05000002291

1. Entity Name
NUANCE GLOBAL TRADERS (USA) INC.



Principal Place of Business
5925 AIRPORT ROAD, SUITE 300
ONTARIO L4V 1W1 CANADA, XX

Mailing Address
5925 AIRPORT ROAD, SUITE 300
ONTARIO L4V 1W1 CANADA, XX

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172006

Chg-P

CR2E034 (11/05)

4. FEI Number

94-3096511

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

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GRAZIANI, ROBERTO**
STREET ADDRESS **5925 AIRPORT ROAD, SUITE 300**
CITY-ST-ZIP **ONTARIO L4V 1W1 CANADA,**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WOOD, CHRISTOPHER**
STREET ADDRESS **5925 AIRPORT ROAD, SUITE 300**
CITY-ST-ZIP **ONTARIO L4V 1W1 CANADA,**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **RENDEK, RICHARD**
STREET ADDRESS **5925 AIRPORT ROAD, SUITE 300**
CITY-ST-ZIP **ONTARIO L4V 1W1 CANADA,**

TITLE ☐ Change ☐ Addition
NAME **RENDEK, RICHARD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KENDALL, KATHY**
STREET ADDRESS **5925 AIRPORT ROAD, SUITE 300**
CITY-ST-ZIP **ONTARIO L4V 1W1 CANADA,**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CAVANGH, GARY**
STREET ADDRESS **5925 AIRPORT ROAD, SUITE 300**
CITY-ST-ZIP **ONTARIO L4V 1W1 CANADA,**

TITLE ☐ Change ☐ Addition
NAME **CAVANAGH, GARY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2006

Date

905-673-4513

Daytime Phone #