2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# F05000006598

Entity Name: RAFAEL U.S.A., INC.

Current Principal Place of Business:

6903 ROCKLEDGE DR STE 850
BETHESDA, MD 208171818

New Principal Place of Business:

6903 ROCKLEDGE DR
STE 850
BETHESDA, MD 208171818

Current Mailing Address:

6903 ROCKLEDGE DR STE 850
BETHESDA, MD 208171818

New Mailing Address:

6903 ROCKLEDGE DR
STE 850
BETHESDA, MD 208171818

FEI Number: 52-1814641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEOP ( ) Delete
Name: HANAN, YIGAL BEN
Address: 6903 ROCKLEDGE DR STE 850
City-St-Zip: BETHESDA, MD 208171818

Title: S ( ) Delete
Name: SHOHAM, DEBBY
Address: 6903 ROCKLEDGE DR STE 850
City-St-Zip: BETHESDA, MD 208171818

Title: T ( ) Delete
Name: TAL, GILAD
Address: 6903 ROCKLEDGE DR STE 850
City-St-Zip: BETHESDA, MD 208171818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition
Name: ORON, ORIOL
Address: 6903 ROCKLEDGE DR STE 850
City-St-Zip: BETHESDA, MD 208171818

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: GILAD TAL T 01/08/2009

Electronic Signature of Signing Officer or Director — Date