

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007266

Entity Name: GYRO-TRAC (USA) INC.

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

10 FLYING CLOUD DRIVE  
SUMMERVILLE, SC 29483

## New Principal Place of Business:

## Current Mailing Address:

10 FLYING CLOUD DRIVE  
SUMMERVILLE, SC 29483

## New Mailing Address:

FEI Number: 57-1062857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILIGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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: BUSINESS FILINGS

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAUDREAU, DANIEL  
Address: 402 FAIRINGTON DRIVE  
City-St-Zip: SUMMERVILLE, SC 29485

Title: S ( ) Delete  
Name: TREMBLAY, PATRICIA  
Address: 402 FAIRINGTON DRIVE  
City-St-Zip: SUMMERVILLE, SC 29485

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GAUDREAU, DANIEL  
Address: 402 FAIRINGTON DRIVE  
City-St-Zip: SUMMERVILLE, SC 29483

Title: SEC (X) Change ( ) Addition  
Name: TREMBLAY, PATRICIA  
Address: 402 FAIRINGTON DRIVE  
City-St-Zip: SUMMERVILLE, SC 29483

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: ILONA GOODMEN

ADMN

04/08/2009

Electronic Signature of Signing Officer or Director

Date