## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002492

FILED Jan 07, 2009 Secretary of State

Entity Name: XACTFORM USA, INC.		
Current Principal Place of Business:	New Principal Place of Business:	
11 MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407		
Current Mailing Address:	New Mailing Address:	
11 MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407		
FEI Number: 20-4551197 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
BUTLER, JOSEPH W 11 MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407 US		
The above named entity submits this statement for the pin the State of Florida.	PLOOP ACH, FL 32407  Address:  New Mailing A	
SIGNATURE:		
Electronic Signature of Registered Age	ent Date	
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: C () Delete Name: MURISET, JEAN-FRANCOIS	- ( ) - · · · · · · · · · · · · · · · · · ·	

163 AV DES PORTES- ROULES Address: PORTES-ROUGES 163 Address: City-St-Zip: NEUCHATEL SWITZERLAND, City-St-Zip: 2000 NEUCHATEL, FC CH

Title: VCP () Delete Title: () Change () Addition

ALLMETT, JOHN A Name: Name: Address: P.O. BOX 27373 Address: PANAMA CITY BEACH, FL 32411 City-St-Zip: 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: JOHN A ALLMETT **VCP** 01/07/2009