2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F06000006772

Entity Name: STEMCOR USA INC.

Current Principal Place of Business:

350 FIFTH AVENUE STE 7815
NEW YORK, NY 10118

New Principal Place of Business:

350 FIFTH AVENUE
SUITE 7815
NEW YORK, NY 10118

Current Mailing Address:

350 FIFTH AVENUE STE 7815
NEW YORK, NY 10118

New Mailing Address:

350 FIFTH AVENUE
SUITE 7815
NEW YORK, NY 10118

FEI Number: 13-3456822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INMAN, CARMEN M
200 EAST LAS OLAS BOULEVARD
SUITE 1480
FORT LAUDERDALE, FL 33301 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: D ( ) Delete
Name: OPPENHEIMER, RALPH
Address: 350 FIFTH AVENUE STE 7815
City-St-Zip: NEW YORK, NY 10118

Title: D ( ) Delete
Name: EDMONDS, PHILIP
Address: 350 FIFTH AVENUE STE 7815
City-St-Zip: NEW YORK, NY 10118

Title: D ( ) Delete
Name: VERDEN, JULIAN
Address: 350 FIFTH AVENUE STE 7815
City-St-Zip: NEW YORK, NY 10118

Title: D ( ) Delete
Name: FAKTOR, DAVID
Address: 350 FIFTH AVENUE STE 7815
City-St-Zip: NEW YORK, NY 10118

Title: D ( ) Delete
Name: PAUL, DAVID
Address: 350 FIFTH AVENUE STE 7815
City-St-Zip: NEW YORK, NY 10118

Title: PD ( ) Delete
Name: GRAF, STEVEN
Address: 350 FIFTH AVENUE STE 7815
City-St-Zip: NEW YORK, NY 10118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STEVEN GRAF PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date