

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # F06000006774

1. Entity Name
GETRONICS USA INC.



Principal Place of Business
**290 CONCORD RD
BILLERICA, MD 01821**

Mailing Address
**290 CONCORD RD
BILLERICA, MD 01821**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2192707

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**UG00000816092
02/14/08-80036-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAWTHORNE, GARY D
STREET ADDRESS	290 CONCORD RD
CITY-ST-ZIP	BILLERICA, MD 01821
TITLE	VPTD
NAME	CLARK, WILLIAM J
STREET ADDRESS	290 CONCORD RD
CITY-ST-ZIP	BILLERICA, MD 01821
TITLE	SD
NAME	OGG, WAYNE
STREET ADDRESS	290 CONCORD RD
CITY-ST-ZIP	BILLERICA, MD 01821
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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
William J. Clark

1- - 2008 978 625-6212

Date, **Anthony Paolillo, Tax Dir**