

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006950

FILED
Jan 08, 2008
Secretary of State

Entity Name: ORACAL USA, INC.

Current Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

1100 ORACAL PARKWAY
BLACK CREEK, GA 31308

Current Mailing Address:

501 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

New Mailing Address:

1100 ORACAL PARKWAY
BLACK CREEK, GA 31308

FEI Number: 35-2237537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: C () Delete
Name: LOCLAIR, HOLGER
Address: ORAFOL EUROPE GMBH AM BIOTOP 2
City-St-Zip: 16515 ORANIENBURG GERMANY,

Title: AS () Delete
Name: GORNALL, JOHN L JR.
Address: 171 17TH STREET NW, SUITE 2100
City-St-Zip: ATLANTA, GA 30363

Title: PST () Delete
Name: MERTZ, RANDALL
Address: 1100 ORACAL PARKWAY
City-St-Zip: BLACK CREEK, GA 31308

Title: D () Delete
Name: LOCLAIR, HOLGER
Address: AM BIOTOP 2
City-St-Zip: 16515 ORANIENBURG, GERMANY, XX

Title: D () Delete
Name: SCHMIDBAUR, KLAUS
Address: AM BIOTOP 2
City-St-Zip: 16515 ORANIENBURG, GERMANY, XX

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:

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: RANDALL MERTZ

PST

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date