

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004455

Entity Name: NAGRA USA, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

2772 NW 43RD STREET
SUITE C
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2772 NW 43RD STREET
SUITE C
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 13-2581802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CHRM () Delete
Name: CHIDDIX, JAMES
Address: % 938 PEACHTREE STREET, SUITE 200
City-St-Zip: ATLANTA, GA 30309

Title: D () Delete
Name: ROY, PIERRE
Address: % 938 PEACHTREE STREET, SUITE 200
City-St-Zip: ATLANTA, GA 30309

Title: D () Delete
Name: GOETSCHMANN, NICOLAS
Address: % 938 PEACHTREE STREET, SUITE 200
City-St-Zip: ATLANTA, GA 30309

Title: P () Delete
Name: TREVISAN, VIRINIO
Address: 841 APOLLO ST. SUITE 200
City-St-Zip: EL SEGUNDO, CA 90245

Title: S () Delete
Name: BELT, NANCY
Address: 357 RIVERSIDE DR. SUITE 230C
City-St-Zip: FRANKLIN, TN 37064

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: S (X) Change () Addition
Name: BELT, NANCY
Address: 180 N BELVEDERE DR, UNIT 5
City-St-Zip: GALLATIN, TN 37066

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: NANCY BELT

S

03/09/2009

Electronic Signature of Signing Officer or Director

Date