

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005948

Entity Name: UNI-SELECT USA, INC.

FILED
Apr 17, 2011
Secretary of State

Current Principal Place of Business:

20 HAZELWOOD DRIVE STE 100
AMHERST, NY 14228

New Principal Place of Business:

Current Mailing Address:

30 HAZELWOOD DRIVE STE 100
AMHERST, NY 14228

New Mailing Address:

30 HAZELWOOD DRIVE STE 100
TAX DEPARTMENT
AMHERST, NY 14228

FEI Number: 20-0769630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: DV
Name: BUZZARD, JAMES B
Address: 20 HAZELWOOD DRIVE STE 100
City-St-Zip: AMHERST, NY 14228

Title: DP
Name: ROY, RICHARD
Address: 1700 INDUSTRIAL BLVD
City-St-Zip: BOUCHERVILLE, QC J4B 2X3,

Title: V
Name: RUTLAND, JOHN
Address: 20 HAZELWOOD DRIVE STE 100
City-St-Zip: AMHERST, NY 14228

Title: S
Name: CHESNAY, PIERRE
Address: 1700 INDUSTRIAL BLVD
City-St-Zip: BOUCHERVILLE, QB J4B 2X3,

Title: O
Name: MCAULIFFE, JAMES
Address: 30 HAZELWOOD DRIVE STE 100
City-St-Zip: AMHERST, NY 14228

Title: D
Name: BUZZARD, ROBERT
Address: 20 HAZELWOOD DRIVE STE 100
City-St-Zip: AMHERST, NY 14228

I hereby 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 all other like empowered.

SIGNATURE: JAMES MCAULIFFE

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04/17/2011

Electronic Signature of Signing Officer or Director

_____ Date