2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006208

Entity Name: AZCAR USA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
121 HILLPO STE 700					
CANONSB	BURG, PA 15	317			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
121 HILLPOINTE DR STE 700 CANONSBURG, PA 15317					
FEI Number: 22-2531880 FEI Number Applied For () FEI Nu			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1201 HAYS TALLAHAS	SSTREET SSEE, FL 323				
	named entity of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PUMPIE, STEI 3235 14TH AV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, ROG 3235 14TH AV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GEORGE, DAY 3235 14TH AV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (SCHUTZ, GAV 121 HILLPOIN CANONSBURG	TE STE 700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (FRAZIER, WIL 121 HILLPOIN CANONSBURG	TE STE 700	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: WILLIAM FRAZIER VP 04/30/2009