

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000058

FILED  
Apr 15, 2011  
Secretary of State

Entity Name: DRACE USA, INC.

**Current Principal Place of Business:**

500 FIFTH AVENUE  
38TH FLOOR  
NEW YORK, NY 10110

**New Principal Place of Business:**

**Current Mailing Address:**

500 FIFTH AVENUE  
38TH FLOOR  
NEW YORK, NY 10110

**New Mailing Address:**

FEI Number: 27-1584742      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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SURINACH, IGNACIO SEGURA  
Address: 500 FIFTH AVENUE, 38TH FLOOR  
City-St-Zip: NEW YORK, NY 10110

Title: D  
Name: ARRIBAS, FERNANDO G  
Address: 500 FIFTH AVENUE, 38TH FLOOR  
City-St-Zip: NEW YORK, NY 10110

Title: P  
Name: LOPEZ-MONIS PLAZA, JOSE ANTONIO  
Address: 500 FIFTH AVENUE, 38TH FLOOR  
City-St-Zip: NEW YORK, NY 10110

Title: S  
Name: PORTELA, JOSEPH  
Address: 500 FIFTH AVENUE, 38TH FLOOR  
City-St-Zip: NEW YORK, NY 10110

Title: T  
Name: GONZALEZ-ALCANIZ, FERNANDO  
Address: 500 FIFTH AVENUE, 38TH FLOOR  
City-St-Zip: NEW YORK, NY 10110

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: JOSEPH PORTELA

SEC

04/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date