

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005311

FILED
Feb 16, 2011
Secretary of State

Entity Name: OTO MELARA NORTH AMERICA, INC.

Current Principal Place of Business:

1625 I STREET, NW, STE #203
WASHINGTON, DC 20006

New Principal Place of Business:

Current Mailing Address:

1625 I STREET, NW, STE #203
WASHINGTON, DC 20006

New Mailing Address:

FEI Number: 20-1411184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: T
Name: PALM, HARRY E JR
Address: 1625 I STREET, NW, STE #203
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: AMERAULT, JAMES F
Address: 1625 I STREET, NW, STE #203
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: DYKE, CHARLES W
Address: 1625 I STREET, NW, STE #203
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: THORSEN, HOWARD B
Address: 1625 I STREET, NW, STE #203
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: ULRICH, HENRY G
Address: 1625 I STREET, NW, STE #203
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: BEMPORAD, SIMONE
Address: 1625 I STREET, NW, STE #203
City-St-Zip: WASHINGTON, DC 20006

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: HARRY E PALM JR

TREA

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date