

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003756

Entity Name: UNITED STATES SPORTS SURFACING LABORATORY INC

FILED  
Jan 03, 2012  
Secretary of State

**Current Principal Place of Business:**

548 MARY ESTHER CUTOFF NW SUITE 18-320  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

548 MARY ESTHER CUTOFF NW  
SUITE 18-320  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

548 MARY ESTHER CUTOFF NW SUITE 18-320  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

548 MARY ESTHER CUTOFF NW  
SUITE 18-320  
FORT WALTON BEACH, FL 32548

FEI Number: 54-1835137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, KATHLEEN L  
548 MARY ESTHER CUTOFF NW SUITE 18-320  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

SMITH, KATHLEEN L  
548 MARY ESTHER CUTOFF NW  
SUITE 18-320  
FORT WALTON BEACH, FL 32548 US

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

01/03/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: SMITH, KATHLEEN L  
Address: 548 MARY ESTHER CUTOFF NW SUITE 18-320  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DCP  
Name: KOLITZUS, HANS-JORG  
Address: ZUR HALDE 37  
City-St-Zip: OHNINGEN-KATTENHORN, GERMANY, G D78337 OC

Title: VCVP  
Name: GLASZE-KOLITZUS, KARIN  
Address: ZUR HALDE 37  
City-St-Zip: OHNINGEN-KATTENHORN, GERMANY, G D78337 OC

Title: D  
Name: SMITH, THOMAS A  
Address: 548 MARY ESTHER CUTOFF NW SUITE 18-320  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: KATHLEEN L. SMITH

Electronic Signature of Signing Officer or Director

ST

01/03/2012

Date