

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003905

FILED
Apr 16, 2012
Secretary of State

Entity Name: FIDESSA CORPORATION

Current Principal Place of Business:

17 STATE STREET, FLOOR 42
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

17 STATE STREET, FLOOR 42
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-4062922 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 AVE.
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: C
Name: HAMER, JOHN
Address: DUKES COURT, DUKE STREET
City-St-Zip: WOKING, SURREY, U.K., GU215BH

Title: VC
Name: MALPASS, ANDY
Address: DUKES COURT, DUKE STREET
City-St-Zip: WOKING, SURREY, U.K., GU215BH

Title: D
Name: MACKINTOSH, RON
Address: DUKES COURT, DUKE STREET
City-St-Zip: WOKING, SURREY, U.K., GU215BH

Title: D
Name: HARDAKER, PHILIP
Address: DUKES COURT, DUKE STREET
City-St-Zip: WOKING, SURREY, U.K., GU215BH

Title: PCEO
Name: AMES, MARK
Address: 17 STATE STREET, FLOOR 42
City-St-Zip: NEW YORK, NY 10004

Title: COO
Name: LLEWELLYN-JONES, JUSTIN
Address: 17 STATE STREET, FLOOR 42
City-St-Zip: NEW YORK, NY 10004

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: JUSTIN LLEWELLYN-JONES

COO

04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date