

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003666 (5)

1. Corporation Name

NOL (USA) INC.

Principal Place of Business

80 GRAND AVE.
SUITE 700
OAKLAND CA 94612

Mailing Address

80 GRAND AVE.
SUITE 700
OAKLAND CA 94612



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DOWLING, MICHAEL
1451 WEST CYPRESS CREEK RD
CROWN CENTER #300
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

02/07/1995

4. FEI Number

94-3001585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81

Name

DOWLING, MICHAEL

82

Street Address (P.O. Box Number is Not Acceptable)

2400 EAST COMMERCIAL BLVD. #424

83

City

FORT LAUDERDALE - FL. 33308

84

State

FL

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Harbath
Signature of the principal officer, director, or registered agent and the corporation

DOWLING, MICHAEL OFFICE MANAGER

6 - 6 - 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DC
HARTMANN, ROLF
61 BROADWAY
NEW YORK NY 10006

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
FOO, CEDAIC
80 GRAND AVE #700
OAKLAND CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVP
MONGNO, PATRICK
61 BROADWAY
NEW YORK NY 10006

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TS
HARBATH, MICHAEL V
80 GRAND AVE., STE. 700
OAKLAND CA 94612

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Harbath
Signature and typed or printed name of signing officer or director

MICHAEL HARBATH TREASURER/CONTROLLER

6 - 6 - 1996

510-251-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)