FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90117 008 ***150.00

DOCUMENT # F94000001275

1. Corporation Name
MACGREGOR (USA) INC.

Principal Place of Business	Mailing Address
4548 NORTH HIATUS ROAD SUNRISE FL 33351 US	P. O. BOX 708 N/A PINE BROOK NJ 07058 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 31-1359856 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALBINO, JOHN A		1.2 NAME		
STREET ADDRESS	20 CHAPIN ROAD, UNIT 1012		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINE BROOK NJ		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JARMO TUHKANEN		2.2 NAME		
STREET ADDRESS	HALLIMEST ARINKATU 6		2.3 STREET ADDRESS		
CITY-ST-ZIP	KAARINA FI		2. 4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEDGER, THOMAS C		3.2 NAME		
STREET ADDRESS	20 CHAPIN ROAD, UNIT 1012		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINE BROOK NJ		3.4. CITY-ST-ZIP		
TITLE	Chairman	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Anders Jagraeus		4. 2 NAME		
STREET ADDRESS	Hamngatan 2		4.3 STREET ADDRESS		
CITY-ST-ZIP	Stockholm, Sweden		4 4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Kenneth Lindstrom		5.2 NAME		
STREET ADDRESS	Hallimestarinkatu 6		5.3 STREET ADDRESS		
CITY-ST-ZIP	FIN-20780 Karina, Finland		5.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Mats Hansson		6.2 NAME		
STREET ADDRESS	Hamngatan 2		6.3 STREET ADDRESS		
CITY-ST-ZIP	Stockholm, Sweden		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mariadee Hodgen 1/20/99 973 244-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #