

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002013

1. Entity Name

NUANCE GLOBAL TRADERS (USA) INC. ✓

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90017 037 ***550.00

Principal Place of Business
2630 SKYMARC AVE
SUITE 400
MISSISSAUGA ONTARIO L4W- 5A3

Mailing Address
2630 SKYMARC AVE
SUITE 400
MISSISSAUGA ONTARIO L4W- 5A3
US

2. Principal Place of Business
128 Auburn Court
Suite, Apt. #, etc.
Suite 201

3. Mailing Address
c/o 2630 Skymark Avenue
Suite, Apt. #, etc.
Suite 400

City & State
Westlake Village, CA

City & State
Mississauga, Ontario

Zip
91362

Country
USA

Zip
L4W 5A3

Country
Canada



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3096511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, DERRICK	
STREET ADDRESS	16 SIX PENNY CT	
CITY-ST-ZIP	THORNHILL ONTARIO CANADA L3T- 4E5	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUN, MARKUS	
STREET ADDRESS	STEINACHERSTRASSE 15	
CITY-ST-ZIP	8308 ILLNAU SW	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, RUEDI	
STREET ADDRESS	GRABENWEISS 79	
CITY-ST-ZIP	8484 WEISLIGEN SW	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOODHATCH, KARIN	
STREET ADDRESS	GRASWINNELL STR 7	
CITY-ST-ZIP	KLOTEN SWITZERLAND 8302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	XXXXXXXXXX P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Lang	
STREET ADDRESS	128 Auburn Court, Suite 201	
CITY-ST-ZIP	Westlake Village, CA, USA 91362	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 0041 8343939
Date Daytime Phone #

CR2E034 (5/00)