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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F96000001462**

1. Corporation Name
SCALA NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
% EDWARDS & ANGELL 250 ROYAL PALM WAY #300 PALM BCH FL 33480	% EDWARDS & ANGELL 250 ROYAL PALM WAY #300 PALM BCH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1996

4. FEI Number: 65-0658776 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~DE LABRY, COLETTE O~~
% EDWARDS & ANGELL
250 ROYAL PALM WAY #300
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81 Name: Angell Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Edwards & Angell LLP
83: 250 Royal Palm Way, #300, Palm Beach
84 City: Florida FL 85 Zip Code: 33480

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: X Jonathan E. Cole, Pres. 6/21/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MYREN, PER-OLOF		1.2 NAME		
STREET ADDRESS	%EDWARDS & ANGELL, 250 ROYAL PALM WAY #300		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL 33480		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOKOL, ALBERT L		2.2 NAME		
STREET ADDRESS	%EDWARDS & ANGELL, 101 FEDERAL ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		2.4 CITY-ST-ZIP		
TITLE	DVPT	☐ DELETE	3.1 TITLE	DPT	☑ Change ☐ Addition
NAME	LYNCH, KEVIN		3.2 NAME		
STREET ADDRESS	350 THEODORE FREMD AVE #300		3.3 STREET ADDRESS		
CITY-ST-ZIP	RYE NY		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LONGMAN, MICHAEL		4.2 NAME		
STREET ADDRESS	OKTOBER 6, UTCA 7 III FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUDAPEST HU		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOULE, CHRISTOPHER		5.2 NAME		
STREET ADDRESS	OKTOBER 6, UTCA 7 III FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BUDAPEST HU		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: X [signature] 5/24/99 (617) 951-2237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #