

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F96000005152 (1)**

1. Corporation Name  
**ITL (USA) LIMITED, INC.**

Principal Place of Business

**2555 E CHAPMAN AVE #620  
FULLERTON CA 92631**

Mailing Address

**2555 E CHAPMAN AVE #620  
FULLERTON CA 92631**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/04/1996</b>	
4. FEI Number <b>51-0236738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>2 BLUE HILL PL, BOX 1588</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEARL RIVER NY 10965</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRISE, MARY GOLDEN</b>	2.2 NAME	
STREET ADDRESS	<b>2 BLUE HILL PL, BOX 1588</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEARL RIVER NY 10965</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, ALAN S</b>	3.2 NAME	
STREET ADDRESS	<b>2 BLUE HILL PL, BOX 1588</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEARL RIVER NY 10965</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARENCIK, LOUISE</b>	4.2 NAME	
STREET ADDRESS	<b>2 BLUE HILL PL, BOX 1588</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEARL RIVER NY 10965</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIGLIACCIO, ROBERT J</b>	5.2 NAME	
STREET ADDRESS	<b>75 PARK PL, BOX 9</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02116</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 registered 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.

SIGNATURE:

**MICHAEL COLLINS**

**01/26/98**

**(914) 735-1600**

CR2E034 (10/97)