

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90013 050 \*\*\*150.00

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1. Corporation Name

ITL (USA) LIMITED, INC.

Principal Place of Business

Mailing Address

2555 E. CHAPMAN AVE., #620  
FULLERTON, CA 92631

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FULLERTON, CA 92631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

51-0236738

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

7. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 75 PARK PLAZA, BOX 9

Suite, Apt. #, etc.

22 2ND FLOOR

City & State

23 BOSTON, MA

Zip

24 02116

Country

25 USA

2a. Mailing Address

26 75 PARK PLAZA, BOX 9

Suite, Apt. #, etc.

27 2ND FLOOR

City & State

28 BOSTON, MA

Zip

29 02116

Country

30 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P ☐ DELETE

NAME COLLINS, MICHAEL

STREET ADDRESS 2 BLUE HILL PLAZA, BOX 1588

CITY-ST-ZIP PEARL RIVER, NY 10965

TITLE D/S ☒ DELETE

NAME BARRISE, MARY GOLDEN

STREET ADDRESS 2 BLUE HILL PLAZA, BOX 1588

CITY-ST-ZIP PEARL RIVER, NY 10965

TITLE D ☒ DELETE

NAME ROBINSON, ALAN S.

STREET ADDRESS 2 BLUE HILL PLAZA, BOX 1588

CITY-ST-ZIP PEARL RIVER, NY 10965

TITLE D ☐ DELETE

NAME ROSE, WILLIAM

STREET ADDRESS 75 PARK PLAZA, BOX 9

CITY-ST-ZIP BOSTON, MA 02116

TITLE T ☐ DELETE

NAME MIGLIACCIO, ROBERT J.

STREET ADDRESS 75 PARK PLAZA, BOX 9

CITY-ST-ZIP BOSTON, MA 02116

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME COLLINS, MICHAEL

1.3 STREET ADDRESS 1 BLUE HILL PLAZA, BOX 1588

1.4 CITY-ST-ZIP PEARL RIVER, NY 10965

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

MICHAEL E. COLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99

Date

(914) 735-1600

Daytime Phone #

CR2E034 (11/98)