

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**  
 06-05-2000 90048 039 \*\*\*550.00

**DOCUMENT #** F96000005152 (1) ✓

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

**Principal Place of Business** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_

<b>2. Principal Place of Business</b> <b>3 Embarcadero Center</b> Suite, Apt. #, etc. <b>Suite 1190</b> City & State <b>San Francisco, CA</b> Zip <b>94111-4047</b> Country <b>USA</b>		<b>3. Mailing Address</b> <b>One Blue Hill Plaza</b> Suite, Apt. #, etc. <b>Box 1588</b> City & State <b>Pearl River, NY</b> Zip <b>10965-8588</b> Country <b>USA</b>	
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**4. FEI Number**  
**51-0236738**

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

**Applied For** ☐ **Not Applicable**

**6. Name and Address of Current Registered Agent**  
**C T Corporation System**  
**1200 South Pine Island Road**  
**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☒ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
			Michael Collins
			One Blue Hill Plaza, Pearl River, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			Anthony Parisi
			75 Park Plaza - Box 9
			Boston, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas., Sec., Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
			Robert Migliaccio
			75 Park Plaza - Box 9
			Boston, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			William Rose
			3810 St. Antoine Blvd., West
			Montreal, Que., H4C 1B5 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Don McCarty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			3810 St. Antoine Blvd., West
			Montreal, Que. H4C 1B5 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treas./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			Denis Faucher
			600 de Maisonneuve Blvd., West
			Montreal, Que. H3A 3K7 CANADA

**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:**  **Michael Collins** **05/26/00 (914) 735-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 2034 (9/99)