


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90048 001 ***150.00

DOCUMENT # F96000005152 1. Entity Name ITL (USA) LIMITED, INC.					
Principal Place of Business 3 EMBARCADERO CENTER SUITE 1190 SAN FRANCISCO, CA 94111 US			Mailing Address ONE BLUE HILL PLAZA BOX 1588 PEARL RIVER, NY 10965 US		
2. Principal Place of Business One Blue Hill Plaza Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Pearl River, NY Zip Country 10965 USA		City & State Zip Country		4. FEI Number 51-0236738 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01092004 Chg-P CR2E034 (10/03)	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, MICHAEL 1 BLUE HILL PLAZA, BOX 1588 PEARL RIVER, NY 10965 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Denis Faucher One Blue Hill Plaza Pearl River, NY 10965 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGM HINSE, CHRISTIAN 3810 ST ANTOINE ST WEST MONTREAL, QUE. CANADA, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Barrise One Blue Hill Plaza, Pearl River, NY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MIGLIACCIO, ROBERT J ONE BLUE HILL PLAZA, BOX 1588 PEARL RIVER, NY 109658588 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sheryl Giardina One Blue Hill Plaza Pearl River, NY 10965 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTY, DON 3810 ST ANTOINE BLVD WEST MONTREAL, QUE. H4C 1B5, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Denis Faucher</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Jan. 13, 2004 Date		845-735-3135 Daytime Phone #