2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # F96000005152 1. Entity Name 01-26-2005 90016 019 ***150.00 ITL (USA) LIMITED, INC. Principal Place of Business Mailing Address ONE BLUE HILL PLAZA PEARL RIVER NY 10965 ONE BLUE HILL PLAZA 40007088 **BOX 1588** PEARL RIVER NY 10965 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 51-0236738 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete TITLE TITLE Change Addition FAUCHER, DENIS NAME NAME ONE BLUE HILL PLAZA STREET ADDRESS STREET ADDRESS PEARL RIVER NY 10965 CiTY-ST-7IP City-SI-7iP VPT TITLE ☐ Delete THEF Change ☐ Addition BARRISE, MARY NAME NAME ONE BLUE HILL PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEARL RIVER NY 10965 CITY-ST-ZIP SECRETAR-Delete Change TITLE TITLE Addition | NOELLE BECKENEYER GIARDINA, SHERYL NAME NAME IMASCO HOLDINGS GROUP INC. ONE BLUE HILL STREET ADDRESS STREET ADDRESS ONE BLUE HILL PLAZA CITY-ST-ZIP **PEARL RIVER NY 10965-8588** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED