

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

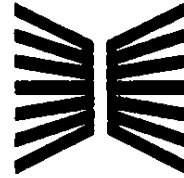
04-23-2007 90067 046 ***150.00

DOCUMENT # F96000005152 1. Entity Name ITL (USA) LIMITED, INC.					
Principal Place of Business ONE BLUE HILL PLAZA PEARL RIVER, NY 10965 US			Mailing Address ONE BLUE HILL PLAZA BOX 1588 PEARL RIVER, NY 10965 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03292007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 51-0236738	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VPST FAUCHER, DENIS ONE BLUE HILL PLAZA PEARL RIVER, NY 10965	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,P,VP,S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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> Denis Faucher 3/29/07 (845) 735-1600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40074360



ATTACHMENT
40074529



Imasco Holdings Group, Inc.

One Blue Hill Plaza
Third Floor
Box 1588
Pearl River, NY 10965-1588

(845) 735-1600
Telecopier: (845) 735-2251

April 19, 2007

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: ITL(USA)Limited, Inc.
Document #F96000005152

Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 along with our 2007 For Profit Corporation Annual Report. Please be advised that our original check was mailed on April 4, 2007 without the accompanying annual report. In speaking with a representative at the Division of Corporations, they advised me that our check would not be deposited and that it would be mailed back to us. Inasmuch as the due date is May 1 and in order to avoid a late filing fee we are enclosing a new check along with the annual report.

If you have any questions, please do not hesitate to contact me at the above address and telephone number.

Very truly yours,


Allyson Loeffler
Benefits Administrator