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Mar 10, 2008 8:00 am
Secretary of State
01-15-2008 90034 019 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

DOCUMENT # F96000005345

1. Entity Name
IDS AMERICAS INC.

Principal Place of Business	Mailing Address
3500 HYLAND AVE COSTA MESA, CA 92626 US	3500 HYLAND AVE SUITE 200 COSTA MESA, CA 92626 US

66003110

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0734012
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ 1-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PELED, ABRAHAM
STREET ADDRESS	1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
CITY-ST-ZIP	MIDDLESEX UB7 0QD ENGLAND,
TITLE	CFO
NAME	GERSH, ALEX
STREET ADDRESS	1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
CITY-ST-ZIP	MIDDLESEX UB7 0QD ENGLAND,
TITLE	AS
NAME	FISSE, JON
STREET ADDRESS	1211 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	D
NAME	SISKIND, ARTHUR M
STREET ADDRESS	1211 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	C
NAME	PUREWAL, NIMRET
STREET ADDRESS	3500 HYLAND AVE
CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:** _____ 3/5/08 714 434-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #