

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 05 1998 8:00am  
Secretary of State

DOCUMENT # **F97000005828 (5)**

1. Corporation Name  
**CELLO USA, INC.**



Principal Place of Business  
**315 PECK ST.  
NEW HAVEN CT 06513**

Mailing Address  
**315 PECK ST.  
NEW HAVEN CT 06513**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/04/1997**

2. Principal Place of Business  
21 **3112 FAIRVIEW PARK DR**

2a. Mailing Address  
26 **3112 FAIRVIEW PARK DR**

4. FEI Number  
**06-1489828**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State  
23 **FALLS CHURCH VA**

City & State  
28 **FALLS CHURCH, VA**

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

Zip  
24 **22042**

Country  
**USA**

Zip  
29 **22042**

Country  
**USA**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGRATH, PETER  
3750 KENT CT.  
COCONUT GROVE FL 33131-1**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, RICHARD L JR.</b>	
STREET ADDRESS	<b>10300 HICKORY FOREST DR.</b>	
CITY-ST-ZIP	<b>OAKTON VA 22124</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>DI SALVO, ANTHONY</b>	
STREET ADDRESS	<b>315 PECK ST.</b>	
CITY-ST-ZIP	<b>NEW HAVEN CT 06513</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINSON, MARK</b>	
STREET ADDRESS	<b>41 E. 62ND ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**R ADAMS** 7/1/98 2032892910

CR2E034 (5/98)