

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

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02 APR 11 AM 11:49

1. Entity Name

Claxon, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

23 Watts Street

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New York NY

City & State

4. FEI Number

13-3508513

Applied For

Not Applicable

Zip

10013

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Santos

Street Address (P.O. Box Number is Not Acceptable)

c/o Next Management

1688 Meridian Ave (800)

City Miami Beach

FL

Zip Code

33139

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.

SIGNATURE

David Luis Santos

4/1/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Giorgio Santambrogio	NAME	
STREET ADDRESS	Corso D. Porta	STREET ADDRESS	
CITY-ST-ZIP	Romana 60 Italy	CITY-ST-ZIP	
TITLE	VP + Sect.	TITLE	
NAME	Lorenzo Pedrini	NAME	
STREET ADDRESS	Via Grigna 7	STREET ADDRESS	
CITY-ST-ZIP	20155 Milano Italy	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Paolo Roberti	NAME	
STREET ADDRESS	Corso di Porta	STREET ADDRESS	
CITY-ST-ZIP	Vittoria 56 20122 Milan Italy	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/2002

Date

Daytime Phone #

CR2E037B (12/01)