

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

FILED

02 APR 11 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *F97000006368*

1. Entity Name

*Claxon, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*23 Watts Street*

3. Mailing Address

*same as #2*

Suite, Apt. #, etc.

*3*

Suite, Apt. #, etc.

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *David Santos*

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

*Co 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

**FEI 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	<i>President</i>
NAME	<i>Giorgio Santambrogio</i>
STREET ADDRESS	<i>Corso D. Porta</i>
CITY - ST - ZIP	<i>Romana 60 Italy</i>
TITLE	<i>VP + Sect.</i>
NAME	<i>Lorenzo Pedrini</i>
STREET ADDRESS	<i>Via Grigna 7</i>
CITY - ST - ZIP	<i>20155 Milano Italy</i>
TITLE	<i>Treasurer</i>
NAME	<i>Paolo Roberti</i>
STREET ADDRESS	<i>Corso di Porta</i>
CITY - ST - ZIP	<i>Vittoria 56 20122 Milan Italy</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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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]*

*02/11/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)