

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003675

1. Entity Name

FERRANIA USA, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90062 020 ***150.00

Principal Place of Business

Mailing Address

ONE IMATION PLACE
OAKDALE MN 55128

ONE IMATION PLACE
OAKDALE MN 55128-3421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2700 E. Frontage Road

Weatherford OK

Zip

7 3096

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1942708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALES, JAMES J	
STREET ADDRESS	1 IMATION PLACE	
CITY-ST-ZIP	OAKDALE MN 55128	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOHN E	
STREET ADDRESS	1 IMATION PLACE	
CITY-ST-ZIP	OAKDALE MN 55128	
TITLE	SCD	<input checked="" type="checkbox"/> Delete
NAME	ZICCARELLI, PAUL D	
STREET ADDRESS	1 IMATION PLACE	
CITY-ST-ZIP	OAKDALE MN 55128	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GALEN K	
STREET ADDRESS	1 IMATION PLACE	
CITY-ST-ZIP	OAKDALE MN 55128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO, Managing Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riccardo Genta	
STREET ADDRESS	6063 Hudson Road	
CITY-ST-ZIP	Woodbury MN 55125	
TITLE	VP and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flavio Mangini	
STREET ADDRESS	6063 Hudson Road	
CITY-ST-ZIP	Woodbury MN 55125	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Mathes	
STREET ADDRESS	2700 E Frontage Road	
CITY-ST-ZIP	Weatherford OK 73096	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Flavio Mangini 4-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)