


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0971032 AB

DOCUMENT # **F99000004927**

1. Entity Name  
**GRASS VALLEY (US) INC.**  
*Thomson Broadcast and media solutions, Inc (formerly known as Grass Valley (US) Inc.)*



FILED

03 APR 14 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**400 PROVIDENCE MINE RD  
NEVADA CITY CA 95959**

Mailing Address  
**400 PROVIDENCE MINE RD  
NEVADA CITY CA 95959**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country  
Zip Country

4. FEI Number **33-0871546** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>THORSTEINSON, TIMOTHY</b> 7046 WINTERWOOD DR GRANITE BAY CA 95746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Delete <b>GOODING, TERENCE J</b> 5959 LADY'S SECRET DR RANCHO SANTA FE CA 95682
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input checked="" type="checkbox"/> Delete <b>GOODING, TERENCE J</b> 5959 LADY'S SECRET DRIVE RANCHO SANTA FE CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>JOHNSON, RUSSELL K</b> 9 ERICK COURT CHESTER NJ 07930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>ROBERT, PHILLIPS</b> 400 PROVIDENCE MINE RD NEVADA CITY CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>WASCHE, GREG</b> 3217 FIR RIDGE ROAD LAKE OSWEGO OR 97035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>000016130740</b> 04/17/03--01009--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Charles Freeland</b> 10330 North Meridian Street INDIANAPOLIS, IN 46290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Marc Valenti</b> 10330 North Meridian Street INDIANAPOLIS, IN 46290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lennart Hjort</b> 400 Providence Mine Road Nevada city, ca 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>George J. Lawrence</b> 10330 N. Meridian Street Indianapolis, Indiana 46290

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **530-478-3763**

CR2E034 (10/02)