

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006223

1. Entity Name
CAGIVA U.S.A., INC.

Principal Place of Business
1901 DAVISVILLE ROAD
WILLOW GROVE PA 19090

Mailing Address
1901 DAVISVILLE ROAD
WILLOW GROVE PA 19090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 23-2935521

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Tabatha Fiorelli Tabatha Fiorelli

9/15/00

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

(NOTE: Registered agent signature required when initiating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CASTIGLIONI, CLAUDIO
STREET ADDRESS VIA MONTELLO 112, VARESE
CITY-ST-ZIP ITALY 21100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VVC
NAME FERRACCI, EVALDO
STREET ADDRESS 1372 EDGEWOOD AVENUE
CITY-ST-ZIP ROSLYN PA 19001

TITLE
NAME FERRACCI, EVALDO
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME VALENTI, EUGENIO
STREET ADDRESS VIA MONCUCCO 22, VARESE
CITY-ST-ZIP ITALY 21100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TC
NAME FERRACCI, LAWRENCE
STREET ADDRESS 12 EAST NEWFIELD WAY
CITY-ST-ZIP BALA CYNWYD PA 19104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/00

Date

(215)830-3300

Daytime Phone #

CR2E034 (5/00)