

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006396**1. Entity Name
SL USA CORPORATIONPrincipal Place of Business
**251 RIVERSIDE AVE
WESTPORT CT 06880**Mailing Address
**251 RIVERSIDE AVE
WESTPORT CT 06880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3745130**Applied For
Not Applicable5. 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

**LEXIS DOCUMENT SERVICES INC.
3959 WW KELLY ROAD
TALLAHASSEE FL 32311**

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	KNUTH, KLAUS	
STREET ADDRESS	535 MADISON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHARI L	
STREET ADDRESS	535 MADISON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STUHLMANN, HOLGER	
STREET ADDRESS	535 MADISON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETER MAHONEY	
STREET ADDRESS	251 RIVERSIDE AVE.	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	SIMONE EMMANUEL	
STREET ADDRESS	251 RIVERSIDE AVE	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	251 RIVERSIDE AVE	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	251 RIVERSIDE AVE	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	POSTACH 104754 70037 STUTTGART	
CITY-ST-ZIP	AM HAUPTBAHN HOF 7	
	70173 STUTTGART	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90032 029 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)