



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90044 005 ****50.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # L03000025902 1. Entity Name Q SYSTEMS USA LTD. CO. | | | |  | |
| Principal Place of Business 19940 ALTA VISTA DRIVE PANAMA CITY BEACH, FL 32413 <i>NEW Address</i> | | | | Mailing Address 19940 ALTA VISTA DRIVE PANAMA CITY BEACH, FL 32413 | |
| 2. Principal Place of Business 14308 NW ABBOTT RD Suite, Apt. #, etc. | | 3. Mailing Address 14308 NW ABBOTT RD Suite, Apt. #, etc. | |  | |
| City & State SCOTTS FERRY, FL Zip 32449 | | City & State SCOTTS FERRY, FL Zip 32449 | | 4. FEI Number 03-0522493 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PATERICK, THOMAS J 19940 ALTA VISTA DRIVE PANAMA CITY BEACH, FL 32413 14308 NW ABBOTT RD SCOTTS FERRY, FL 32449 | | | | 7. Name and Address of New Registered Agent Name THOMAS J. PATERICK Street Address (P.O. Box Number is Not Acceptable) 14308 NW ABBOTT RD City SCOTTS FERRY FL Zip Code 32449 | |
| 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 <i>Thomas J. Paterick</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 4-28-05 | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PATERICK, THOMAS J 19940 ALTA VISTA DRIVE PANAMA CITY BEACH, FL 32413 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PATERICK, THOMAS J 14308 NW ABBOTT RD SCOTTS FERRY, FL 32449 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COOPER, DIANE M 9002 N. 70TH ST. MILWAUKEE, WI 532232114 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK-STERUD, TANIA J 5703 WYNMERE DR. SOUTH BELL, FL 33608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK, MICHAEL A 10720 MIRA VISTA DR FORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK, MICHAEL A 10720 MIRA VISTA DR FORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK, MICHAEL A 10720 MIRA VISTA DR FORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK, MICHAEL A 10720 MIRA VISTA DR FORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK, MICHAEL A 10720 MIRA VISTA DR FORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATERICK, MICHAEL A 10720 MIRA VISTA DR FORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE <i>Thomas J. Paterick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE 4-28-05 850-866-1042 <small>Date Daytime Phone #</small> | |

THOMAS J. PATERICK