

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066917

FILED
Apr 02, 2008
Secretary of State

Entity Name: MERIDIAN INTERNATIONAL USA LLC

Current Principal Place of Business:

301 CLEMATIS STREET, SUITE 3000
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2500 QUANTUM LAKES DRIVE,
SUITE 203
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

301 CLEMATIS STREET, SUITE 3000
WEST PALM BEACH, FL 33401

New Mailing Address:

2500 QUANTUM LAKES DRIVE,
SUITE 203
BOYNTON BEACH, FL 33426

FEI Number: 22-3935941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWES, MARK
Address: 2 ANENOME CLOSE, KIRBY FIELDS, MELTON MOWBR
City-St-Zip: LEICESTERSHIRE, LE13 OFJ. EN, XX XX

Title: MGRM () Delete
Name: MCLEAN, BRIAN
Address: 2 HEATHFIELD PLACE, MELTON PARK, GOSFORTH
City-St-Zip: NEWCASTLE UPON TYNE NE3 5QT, XX XX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK BOWES

MR

04/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date