

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000813

Entity Name: THG USA, LLC

FILED  
Jun 09, 2009  
Secretary of State

## Current Principal Place of Business:

6601 LYONS ROAD, SUITE C10  
C-10  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

6601 LYONS ROAD  
SUITE C -10  
COCONUT CREEK, FL 33073

## Current Mailing Address:

6601 LYONS ROAD, SUITE C10  
C-10  
COCONUT CREEK, FL 33073

## New Mailing Address:

6601 LYONS ROAD  
SUITE C -10  
COCONUT CREEK, FL 33073

FEI Number: 22-3528994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: ABEL, JERRY  
Address: 6021 N.W. 83RD TERR  
City-St-Zip: PARKLAND, FL 33076

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: HEILPERN, LAURENT VP  
Address: 35, RUE TOURNIERE, BETHENCOURT SUR MER  
City-St-Zip: FRIVILLE, -- 80535 FR

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: DEBORAH A. NILSON

SECR

06/09/2009

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