


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003181</b> 1. Entity Name COUNTERMEASURES USA, LLC	
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Principal Place of Business 4545 KINCARDINE DRIVE JACKSONVILLE, FL 32257	Mailing Address 4545 KINCARDINE DRIVE JACKSONVILLE, FL 32257
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01102004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1560346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HOWELLS, ROBERT J 4545 KINCARDINE DRIVE JACKSONVILLE, FL 32257
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

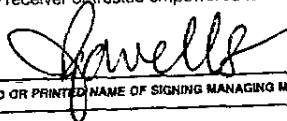
U000000045672  
02/11/04-80072-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO ELWARD, ANTHONY J 7 GAYLAND AVE. LUTON LUZOR UK,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCOO KAVALIEROS, THEODORUS I 11585 MANDARIN COVE RD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS HOWELLS, ROBERT J 4545 KINCARDINE DR. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 2-10-2004 Daytime Phone # \_\_\_\_\_