2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 08:00 AM Secretary of State

	AITITOAL	REFORT		_	Car	لم يحدمهمي	C C 4 - 4 -
1. Entity Nan	MENT # P0000051 NL CLEAR USA, INC.	781			Sec	cretary of	State
102 OAK HI	ce of Business ILL AVE ON BEACH, FL_32547	Mailing Address 102 OAK HILL AVE FORT WALTON BEACH, FL 32	2547	 		II KAINI BIIDI ITEK IANDI ISIN	E HIEROGE HE IOO
E	OO NOT WRITE	IN THIS SPA	CE	02172005 4. FEI Numb 59-364	No Chg-P		Applied For Not Applicable
	6. Name and Address of Current R	egistered Agent		<u> </u>			
WILDER, 102 OAKH FORT WA	JAMES R HILL AVE NLTON BEACH, FL 32547				NOT W THIS SF		
8. The above the obligat	e named entity submits this statement for titions of registered agent.	he purpose of changing its registe	red office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar wit	h, and accept
SIGNATURE	Signature typed or printed name of registered agent an	d the if applicable (NOTE: Register	ed Agent signature required	when reinstating)		DATE	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees			
10. IITLE NAME SIREET ADDRESS CITY-ST-ZIP	PSTD WILDER, ANDREW J 102 OAK HILL AVE FORT WALTON BEACH, FL 3254				00000U -2 0 52000	276343 80037-012 1	ና በ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILDER, JAMES R 102 OAK HILL AVE FORT WALTON BEACH, FL 3254	7			g to a state state	internal service de la lace de	
NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE	
TITLE NAML STREET ADDRESS CITY-ST-ZIP						-	
TITLE NAME STREET ADDRESS CITY ST-7IP							

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE