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Secretary of State

04-29-1999 90052 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00299

1. Corporation Name
MONTELL USA INC.

Principal Place of Business

**2801 CENTERVILLE RD.
P.O. BOX 15439
WILMINGTON DE 19850-2439**

Mailing Address

**2801 CENTERVILLE RD.
P.O. BOX 15439
WILMINGTON DE 19850-2439**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1983

4. FEI Number

51-0272089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** County

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **OCKUN, ROBERT J.**
STREET ADDRESS **116 MARLBROOKE WAY**
CITY-ST-ZIP **WILMINGTON DE**

TITLE **CP** ☒ DELETE

NAME **MARRIONE, PAOLO**
STREET ADDRESS **715 PRINCETON RD**
CITY-ST-ZIP **WILMINGTON DE**

TITLE **AS** ☐ DELETE

NAME **BROWN, ELIZABETH R**
STREET ADDRESS **2801 CENTERVILLE RD**
CITY-ST-ZIP **WILMINGTON DE**

TITLE **SD** ☐ DELETE

NAME **WALSH, K. E.**
STREET ADDRESS **14 ELDERBERRY COURT**
CITY-ST-ZIP **HOCKESSIN DE**

TITLE **T** ☐ DELETE

NAME **LEAMY, MARK**
STREET ADDRESS **2801 CENTERVILLE RD**
CITY-ST-ZIP **WILMINGTON DE**

TITLE **V** ☒ DELETE

NAME **RITSAART, BLAISSE**
STREET ADDRESS **536 CRANEBROOK ROAD**
CITY-ST-ZIP **WILMINGTON DE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **Charles E. Platz**
1.3 STREET ADDRESS **4104 Pyles Ford Road**
1.4 CITY-ST-ZIP **Wilmington, DE 19807**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **Francesco Svelto**
2.3 STREET ADDRESS **26 Solitude Way**
2.4 CITY-ST-ZIP **Wilmington, DE 19808**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Leamy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (302) 996-6183
Date Daytime Phone #

CR2E034 (1/98)