2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000034190

Entity Name: SIGEST U.S.A., INC.

Name:

Address:

City-St-Zip:

OTTAZZI, PAOLO

14100 ASTI, ITALY,

CORSO SAVONA 355/363

FILED Mar 07, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ERCHANGE (2, FL 33025	CIRCLE SOUTH			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ERCHANGE C 2, FL 33025	CIRCLE SOUTH			
FEI Number	: 65-1093650	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
11291 INT	O, CARLOS ERCHANGE (2, FL 33025	CIRCLE SOUTH			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BALDI, LEONA CORSO SAVOI 14100 ASTI, IT	NA 355/363	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (FICCA, SILVIA CORSO SAVOI 14100 ASTI, IT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BALDI LEONARDO D 03/07/2002