2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P02000011223

1. Entity Name
ROL HOLDINGS USA, INC.

Principal Place of Business	Mailing Address
3100 CAMP ROAD OVIEDO, FL 32765	222 WEST COMSTOCK AVENUE SUITE 210 WINTER PARK, FL 32789

02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0412290
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, MARK P ESQ.
222 WEST COMSTOCK AVENUE
SUITE 210
WINTER PARK, FL 32789

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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 _____ DATE
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALLER, MICHAEL
STREET ADDRESS	2205 INDUSTRIAL BLVD.
CITY-ST-ZIP	LAVAL, QUEBEC, CANADA, H7S 1P8
TITLE	VP
NAME	HALLER, JULIAN K
STREET ADDRESS	3100 CAMP ROAD
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	S
NAME	HALLER, VIVIANE
STREET ADDRESS	3100 CAMP ROAD
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/08-80067-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #