2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90113 022 ***150.00

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1. Entity Name
ITERA USA, INC.

Principal Place of Business	Mailing Address
9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246	9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246

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02252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0049177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAX CO. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD FRENKEL, RAISSA 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Dennis A. Foster 9995 Gate Parkway N., Ste 400 Jacksonville, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHATTIN, WILLIAM E 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FINKER, LAZAR S 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Nicholas Kavalieros 9995 Gate Parkway N., Ste 400 Jacksoncille, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAKAROV, IGOR 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVD KAVALIEROS, LISA 9995 GATE PARKWAY N. , STE 400 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SISSELMAN, STEVEN M 9995 GATE PARKWAY N. STE 400 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dennis A. Foster Dennis A. Foster Vice-Pres. 2/27/08 904-996-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #