

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067184

Entity Name: ITERA USA, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

9995 GATE PARKWAY N.
SUITE 400
JACKSONVILLE, FL 32246

Current Mailing Address:

9995 GATE PARKWAY N.
SUITE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

9995 GATE PARKWAY N.
SUITE 400
JACKSONVILLE, FL 32246 US

New Mailing Address:

9995 GATE PARKWAY N.
SUITE 400
JACKSONVILLE, FL 32246 US

FEI Number: 20-0049177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FRENKEL, RAISSA
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VPD () Delete
Name: CHATTIN, WILLIAM E
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VPD () Delete
Name: FINKER, LAZAR S
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: D () Delete
Name: MAKAROV, IGOR
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: AVD () Delete
Name: KAVALLIEROS, LISA
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VPD () Delete
Name: SISSELMAN, STEVEN M
Address: 9995 GATE PARKWAY N. STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: FOSTER, DENNIS A
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVPD (X) Change () Addition
Name: KAVALLIEROS, LISA
Address: 9995 GATE PARKWAY N., STE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DENNIS A. FOSTER

VPSD

03/31/2009

Electronic Signature of Signing Officer or Director

Date