

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# P04000035155

Entity Name: FINGERSHIELD SAFETY (USA) INC.

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DRIVE  
SUITE #101  
PONTE VEDRA, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

151 SAWGRASS CORNERS DRIVE  
SUITE #101  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

FEI Number: 14-1903670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSELEY, GODFREY G  
151 SAWGRASS CORNERS DRIVE  
SUITE #101  
PONTE VEDRA, FL 32082 US

**Name and Address of New Registered Agent:**

STOCKWELL, JOHN  
151 SAWGRASS CORNERS DRIVE  
SUITE #101  
PONTE VEDRA, FL 32082 US

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: JOHN STOCKWELL      03/20/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MOSELEY, GODFREY G  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D      ( ) Delete  
Name: O'CARROLL, PAUL  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D      ( ) Delete  
Name: GARVEY, FRANCIS J  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D      (X) Delete  
Name: STOCKWELL, JOHN  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: STOCKWELL, JOHN  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

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

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: JOHN STOCKWELL      CFO      03/20/2009  
Electronic Signature of Signing Officer or Director      Date