

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 17, 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:

2604-2 POWERS AVENUE
JACKSONVILLE, FL 32207 US

Current Mailing Address:

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

New Mailing Address:

2604-2 POWERS AVENUE
JACKSONVILLE, FL 32207 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STOCKWELL, JOHN
2604-2 POWERS AVENUE
JACKSONVILLE, FL 32207 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 09/17/2009

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: STOCKWELL, JOHN
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIGGSBEE, ANDREW J
Address: 2604-2 POWERS AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: STOCKWELL, JOHN
Address: 2604-2 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: STOCKWELL, AMANDA J
Address: 2604-2 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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 D 09/17/2009

Electronic Signature of Signing Officer or Director Date