

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 04, 2009  
Secretary of State**

DOCUMENT# P04000035155

Entity Name: FINGERSHIELD SAFETY (USA) INC.

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DRIVE  
SUITE 107  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

2604-2 POWERS AVE  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

151 SAWGRASS CORNERS DRIVE  
SUITE 107  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

2604-2 POWERS AVE  
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:**

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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

STOCKWELL, JOHN MR  
2604-2 POWERS AVE  
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      11/04/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: GARVEY, FRANCIS J  
Address: 28 RYECROFT ROAD  
City-St-Zip: STRETFORD MANCHESTER, UK M32 9BU UK

Title: S,D ( ) Delete  
Name: TONDI, MARIA  
Address: 870 CORAL REEF WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D ( ) Delete  
Name: GARVEY, KATHLEEN J  
Address: 28 RYECROFT ROAD  
City-St-Zip: STRETFORD MANCHESTER, UK M32 9BU UK

Title: D (X) Delete  
Name: GARVEY, LISA  
Address: 28 RYECROFT ROAD  
City-St-Zip: STRETFORD MANCHESTER, UK M32 9BU UK

Title: D (X) Delete  
Name: MADZVOVA, SYLVESTER  
Address: 67 CATHERINE ROAD  
City-St-Zip: MANCHESTER, UK M8 4HF UK

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

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

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

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

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      D      11/04/2009  
Electronic Signature of Signing Officer or Director      Date