

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 09, 2009
Secretary of State**

DOCUMENT# P04000035155

Entity Name: FINGERSHIELD SAFETY (USA) INC.

Current Principal Place of Business:

2604-2 POWERS AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2604-2 POWERS AVE
JACKSONVILLE, FL 32207 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:

STOCKWELL, JOHN MR
2604-2 POWERS AVE
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P,D () Change (X) Addition
Name: GARVEY, FRANCIS J MR
Address: 28 RYECROFT STREET
City-St-Zip: STRETFORD, MANCHESTER, UK M32 9BU UK

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

12/09/2009

Electronic Signature of Signing Officer or Director

Date