2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035155

Entity Name: FINGERSHIELD SAFETY (USA) INC.

FILED Jan 11, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2604-2 POWERS AVE 151 SAWGRASS CORNERS DRIVE JACKSONVILLE, FL 32207 US

SUITE 107

PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address: New Mailing Address:

2604-2 POWERS AVE 151 SAWGRASS CORNERS DRIVE JACKSONVILLE, FL 32207 US

SUITE 107

PONTE VEDRA BEACH, FL 32082 US

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

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

STOCKWELL, JOHN MR CONTEGA BUSINESS SERVICES, LLC 1 INDEPENDENT DRIVE 2604-2 POWÉRS AVE

JACKSONVILLE, FL 32207 **SUITE 1200** US

JACKSONVILLE, FL 32202 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: RAY DRIVER 01/11/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

GARVEY, KATHLEEN E Name: 28 RYECROFT ROAD Address:

City-St-Zip: STRETFORD, MANCHESTER, UK M32 9BU UK

Title:

Name: TONDI, MARIA

870 CORAL REEF WAY Address:

PONTE VEDRA BEACH, FL 32082 US City-St-Zip:

Title: P.D

GARVEY, FRANCIS J Name: 28 RYECROFT ROAD Address:

City-St-Zip: STRETFORD, MANCHESTER, UK M32 9BU UK

Title:

GARVEY, LISA J Name: Address: 28 RYECROFT RD

City-St-Zip: STRETFORD, MANCHESTER, UK M32 9BU UK

Title:

Name: MADZVOVA, SYLVESTER 67 CATHERINE ROAD Address: MANCHESTER, UK M8 4HF UK City-St-Zip:

Title:

Name: STOCKWELL, JOHN 2604-2 POWERS AVE Address: City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby 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 all other like empowered.

SIGNATURE: FRANCIS GARVEY P,D 01/11/2010