

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 12, 2010
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:

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

Current Mailing Address:

2604 POWERS AVE
SUITE 2
JACKSONVILLE, FL 32207 US

New Mailing Address:

151 SAWGRASS CORNERS DRIVE
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:

STOCKWELL, JOHN
2604 POWERS AVE
SUITE 2
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: P,D
Name: GARVEY, FRANCIS J
Address: 28 RYECROFT ROAD
City-St-Zip: STRETFORD, MANCHESTER, UK M32 9BU UK

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

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

Title: D
Name: RIGGSBEE, ANDREW J
Address: 2604 POWERS AVE STE 2
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: JOHN STOCKWELL

D

02/12/2010

Electronic Signature of Signing Officer or Director

Date