AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

06 OCT 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000045142

1. Entity Name

ALLISON U.S.A., INC.

DO NOT WRITE IN THIS SPACE

000081083670

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6701 NW 7th Street		6701 NW 7th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 190		Suite 190	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33126	USA	33126	USA

4. FEI Number 20-0860901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name CORPORATION SERVICES COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City TALLAHASSEE FL Zip Code 32301-2525

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - Richard Babboni 6701 NW 7th Street, Suite 190 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D - Silvio Vecellio Reane 6701 NW 7th Street, Suite 190 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S - Cynthia G. Fischer 140 Broadway, Suite 3100 New York, NY 10005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Roberto Folli 6701 NW 7th Street, Suite 190 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Paolo Mevio 6701 NW 7th Street, Suite 190 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia G. Fischer Cynthia G. Fischer/ Secretary 10/20/06 212-973-8175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 542367 4300314

AUTHORIZATION

COST LIMIT : $ 61.25

ORDER DATE : October 20, 2006

ORDER TIME : 1:49 PM

ORDER NO. : 542367-005

CUSTOMER NO: 4300314

AMENDED ANNUAL REPORT FILING

NAME: ALLISON U.S.A., INC.

FILED
06 OCT 20 PM 3:02
TALLAHASSEE, FLORIDA

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____