

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000045142

1. Entity Name  
ALLISON U.S.A., INC.



FILED

07 MAR -6 AM 11:13

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



02272007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0860901

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

Amended AR is \$61.25

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

500092060585  
03/12/07--01002--011 \*\*61.25

## 10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	MARINELLI, PIERLUIGI	
STREET ADDRESS	6701 NW 7TH STREET, SUITE 190	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REANE, SILVIO VECELLO	
STREET ADDRESS	6701 NW 7TH STREET, SUITE 190	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISCHER, CYNTHIA G	
STREET ADDRESS	140 BROADWAY, SUITE 3100	
CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLLI, ROBERTO	
STREET ADDRESS	6701 NW 7TH STREET, SUITE 190	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEVIO, PAOLO	
STREET ADDRESS	6701 NW 7TH STREET, SUITE 190	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA IOANNILLI	
STREET ADDRESS	6701 NW 7TH STREET, SUITE 190	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia G. Fischer CYNTHIA G. FISCHER 02/27/07 212-973-8175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #