# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 12, 2008**
**Secretary of State**

DOCUMENT# P04000045142

**Entity Name:** ALLISON U.S.A., INC.

**Current Principal Place of Business:**

6701 NW 7TH STREET
SUITE 190
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6701 NW 7TH STREET
SUITE 190
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number: 20-0860901** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: MARINELLI, PIERLUIGI
Address: 6701 NW 7TH STREET, SUITE 190
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete
Name: REANE, SILVIO VECELLO
Address: 6701 NW 7TH STREET,SUITE 190
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete
Name: FISCHER, CYNTHIA G
Address: 140 BROADWAY,SUITE 3100
City-St-Zip: NEW YORK, NY 10005

Title: D ( ) Delete
Name: FOLLI, ROBERTO
Address: 6701 NW 7TH STREET,SUITE 190
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: MEVIO, PAOLO
Address: 6701 NW 7TH STREET,SUITE 190
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: IOANNILLI, ANDREA
Address: 6701 NW 7TH STREET, SUITE 190
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition
Name: REANE, SILVIO VECELLI
Address: 6701 NW 7TH STREET,SUITE 190
City-St-Zip: MIAMI, FL 33126

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

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: CYNTHIA G. FISCHER S 06/12/2008

Electronic Signature of Signing Officer or Director — Date