2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90015 033 ***150.00

DOCUMENT # P30427

1. Entity Name
MAISONS MARQUES & DOMAINES USA INC.

40042668

Principal Place of Business	Mailing Address
383 FOURTH STREET SUITE 400 OAKLAND, CA 94607	383 FOURTH STREET SUITE 400 OAKLAND, CA 94607

02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3038588
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROUZAUD, JEAN-CLAUDE
STREET ADDRESS	21 BLVD. LUNDY
CITY-ST-ZIP	REIMS, FRANCE,
TITLE	S
NAME	BELL, HOWARD H.
STREET ADDRESS	38 LAQUESTA
CITY-ST-ZIP	ORINDA, CA
TITLE	P
NAME	BALOGH, GREGORY
STREET ADDRESS	383 FOURTH STREET, STE 400
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	VCFO
NAME	FOUILLERON, GUILLAUME
STREET ADDRESS	383 FOURTH STREET, STE 400
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 02/29/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #