

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90092 001 ***150.00

DOCUMENT # P33211

1. Corporation Name

VIRTUAL PROTOTYPES U.S.A., INC.



Principal Place of Business

4700 DE LA SAVANE
MONTREAL QUEBEC
CANADA H4P 1T7

Mailing Address

4700 DE LA SAVANE
MONTREAL QUEBEC
CANADA H4P 1T7

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1991

4. FEI Number

98-0095832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME EUGENE, JOSEPH
STREET ADDRESS 8 SURREY GARDEN
CITY-ST-ZIP WESTMOUNT, QC CANADA H5Y1N3

TITLE D ☐ DELETE
NAME FARAZ, DANESHGAR
STREET ADDRESS 600 ATLANTIC AVENUE, SUITE 2800
CITY-ST-ZIP BOSTON MA 02210-2227

TITLE D ☐ DELETE
NAME ~~BARDIER, JEAN-MICHAEL~~
STREET ADDRESS C/O THOMSON CSF VENTURES, 173 BOUL HAUSSMA
CITY-ST-ZIP PARIS CENTER 08 FR 75415

TITLE PCEO ☐ DELETE
NAME COLLARD, PHILIPPE
STREET ADDRESS 4700 DE LA SAVANE, #300
CITY-ST-ZIP MONTREAL QC H4P1T7

TITLE D ☐ DELETE
NAME SIMONS, JOHN
STREET ADDRESS 3514 AVENUE DE MUSEE
CITY-ST-ZIP MONTREAL QUEBEC J3G 2C7

TITLE D ☒ DELETE
NAME JOFFRE, STEVEN
STREET ADDRESS 130, RUE WILSON
CITY-ST-ZIP DOLLARD-DES-ORMEAUX H9A 1W8

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME HUBERT MANSEAU c/o INNOVATECH
1.3 STREET ADDRESS 2020 rue Universite Suite 1527
1.4 CITY-ST-ZIP Montreal QC H3A 2A5

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME JOHN CARROLL
2.3 STREET ADDRESS 600 Atlantic Suite 2800
2.4 CITY-ST-ZIP BOSTON MA 02210-2227

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME FRANCOISE LOHEZIC
3.3 STREET ADDRESS c/o Thomson CSF, 173 Boul Haussma
3.4 CITY-ST-ZIP Paris Center 08 FR 75415

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Pierre Pharaud c/o SOFINOV
4.3 STREET ADDRESS 1481 rue McGill College 9th floor
4.4 CITY-ST-ZIP Montreal QC H3A 3C7

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME SIMONS JOHN c/o GTI Capital
5.3 STREET ADDRESS 255 St-JACQUES OUEST
5.4 CITY-ST-ZIP MONTREAL QC H2Y 1M6

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Francine Gauthier, c/o FSTQ
6.3 STREET ADDRESS 8717 rue De Berri
6.4 CITY-ST-ZIP Montreal QC H2M 2T9

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

514-341 3874

Date

Daytime Phone #