

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33211

1. Entity Name

VIRTUAL PROTOTYPES U.S.A., INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90207 006 \*\*\*150.00

Principal Place of Business

4700 DE LA SAVANE  
MONTREAL, QUEBEC  
CANADA H4P 1T7

Mailing Address

4700 DE LA SAVANE  
MONTREAL, QUEBEC  
CANADA H4P 1T7

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0095832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EUGENE, JOSEPH	
STREET ADDRESS	8 SURREY GARDEN	
CITY-ST-ZIP	WESTMOUNT, QC CANADA H5Y1N3	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, JOHN	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2800	
CITY-ST-ZIP	BOSTON MA 02210-2227	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOHEZIC, FRANCOISE	
STREET ADDRESS	C/O THOMSON CSF VENTURES, 173 BOUL HAUSSMA	
CITY-ST-ZIP	PARIS CENTER 08 FR 75415	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COLLARD, PHILIPPE	
STREET ADDRESS	4700 DE LA SAVANE, #300	
CITY-ST-ZIP	MONTREAL QC H4P1T	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONS, JOHN	
STREET ADDRESS	255 ST JACQUES OUEST	
CITY-ST-ZIP	MONTREAL QUEBEC J3G 2C7	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAUTHIER, FRANCINE	
STREET ADDRESS	8717 RUE BERR	
CITY-ST-ZIP	MONBED DC H2M- 2TQ	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIONEL HORTUBISE	
STREET ADDRESS	10 HAZELWOOD	
CITY-ST-ZIP	DOLLARD DES ORMEAUX, QC, CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH HAHN	
STREET ADDRESS	1 FEDERAL SYSTEMS PARK DRIVE	
CITY-ST-ZIP	FAIRFAX, VA	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ashton Freeholder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

514-341-3874

Daytime Phone #

CR2E034 (9/99)