

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-16-2001 90009 010 ***150.00

DOCUMENT # P33211

1. Entity 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**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE, JOSEPH 8 SURREY GARDEN WESTMOUNT, QC CANADA H5Y1N3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURTUBISE, LIONEL 10 HAZELWOOD DOLLARD DES ORMEAUX, CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHEZIC, FRANCOISE C/O THOMSON CSF VENTURES, 173 BOUL HAUSSMA PARIS CENTER 08 FR 75415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED COLLARD, PHILIPPE 4700 DE LA SAVANE, #300 MONTREAL QC H4P1T7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, JOHN 255 ST JACQUES OUEST MONTREAL QUEBEC J3G 2C7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, KEITH 1 FEDERAL SYSTEMS PARK DR. FAIRFAX VA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR REAL MIMEAU 9026 SAN FRANCISCO BROSSARD, QC CANADA J4X 2R6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CFO AARON FRIEDMAN 4700 DE LA SAVANE, SUITE 300 MONTREAL, QUEBEC H4P 1T7 CANADA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Aaron Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APR 2001 514)341-3874

Date

Daytime Phone #

CR2E034 (10/00)

Attachment



Doc# P33211

June 5, 2001

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, Florida 32302-1500
USA

REF: CORRECTED REPORT REF. NO. P33211

As per your request, please find enclosed the corrected report showing person that signed the annual report/uniform business report as a officer/director of the corporation. Please excuse the oversight in our first filing of said report.

Should you require further information, do not hesitate to contact the undersigned.

Best Regards,

VIRTUAL PROTOTYPES U.S.A., INC.

per 

Juan-Alonso Papathanassiou
Contracts Supervisor
papathan@virtualprototypes.ca
tel.: (514) 341-3874, extension 313
facsimile: (514) 341-6532

Enc.

cc: [illegible]

Re: [illegible]

[illegible]

[illegible]