2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000087187

Entity Name: CTS INTERNATIONAL INC. USA

FILED Mar 11, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
C/O FLORIDA SPLENDID/CHINA 3000 SPELNDID CHINA BLVD KISSIMMEE, FL 34747 US				7980 W IRLO BRONSON HWY KISSIMMEE, FL 34747 US				
Current Mailing Address:				New Mailing Address:				
3000 SPENDID CHINA BLVD. KISSIMMEE, FL 34747 US				7980 W IRLO BRONSON HWY KISSIMMEE, FL 34747 US				
FEI Number:	: 59-3215006	FEI Number Applied For()	FEI Nur	mber Not Appl	icable ()	Certific	ate of Status Des	ired()
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Re	gistered Agent	t:
KISSIMME The above	ENDID CHINA I E, FL 34747	BLVD. US submits this statement for the pu	urpose c	of changing i	ts registere	ed office or	registered ager	nt, or both,
SIGNATUR		ic Signature of Registered Ager	 nt				Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	LIN, BOCHUN	Delete GHT RD CTS HOUSE		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	CHEN, SHOU J	Delete IE 8-83 CONNAUGHT RD. C		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	MIAO, ZHUANG	Delete i 8-83 CONNAUGHT RD. C		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	ZHANG, FENG	Delete CHUN 8-83 CONNAUGHT RD. C		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () CAO, XIAONING 3000 SPLENDII KISSIMMEE, FL	D CHINA BLVD.		Title: Name: Address: City-St-Zip:			() Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		K	(X) Addition N MEMORIAL HW	Y

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN K LAI VP 03/11/2003