


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90052 032 \*\*\*150.00

**DOCUMENT # P94000023490**

1. Entity Name  
**OERLIKON USA INC.**



Principal Place of Business      Mailing Address  
**10050 16 ST N**      **10050 16 ST N**  
**ST. PETERSBURG, FL 33716 US**      **ST. PETERSBURG, FL 33716 US**

**40041286**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02282008      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**04-2554632**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**  
 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. 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	T	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, STACY	
STREET ADDRESS	10050 16TH STREET N., SUITE 100	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUSICK, MICHAEL	
STREET ADDRESS	10050 16TH STREET N., SUITE 100	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DRUGGS, MERRILL	
STREET ADDRESS	10050 16TH STREET N., SUITE 100	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSENZWEIG, ERAN	
STREET ADDRESS	10050 16TH ST N, STE 100	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Constantine	
STREET ADDRESS	10050 16th Street N.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Raheb	
STREET ADDRESS	10050 16th Street N.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Magill	
STREET ADDRESS	10050 16th Street N.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Herriman	
STREET ADDRESS	10050 16th Street N.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. Marc Pfeffer	
STREET ADDRESS	10050 16th Street N.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Andrew Raheb*      Andrew Raheb      2/28/08      727-577-4999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #