

2001 UNIFORM BUSINESS REPORT (UBR)

UBR1000

DOCUMENT # P94000033261
 1. Entity Name
ULTRASONIC USA INC.

FILED
 CLERK (ARY) OF STATE
 DIVISION OF CORPORATIONS
 01 DEC -6 AM 11:04

Principal Place of Business C/O A. TENENBAUM & CO 915 MIDDLE RIVER DR FT. LAUDERDALE FL 33304 US	Mailing Address A. TENENBAUM & CO 915 MIDDLE RIVER DR FT. LAUDERDALE FL 33304 US
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2. Principal Place of Business C/O ATLANTIC FULCRUM, INC Suits, Apt. #, etc. 5112 ARBOR GLEN CIRCLE	3. Mailing Address ATLANTIC FULCRUM, INC Suits, Apt. #, etc. 5112 ARBOR GLEN CIR.
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REINSTATEMENT
 DO NOT WRITE IN THIS SPACE 01

City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA	4. FEI Number 65-0496603	Applied For <input type="checkbox"/> Not Applicable
Zip 33463	Country U.S.A	Zip 33463	Country U.S.A

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ARTHUR T. TENENBAUM & CO
 915 MIDDLE RIVER DR
 STE 500
 FT. LAUDERDALE FL 3304

7. Name and Address of New Registered Agent
 Name **ATLANTIC FULCRUM, INC**
 Street Address (P.O. Box Number is Not Acceptable)
5112 ARBOR GLEN CIRCLE
 City **LAKE WORTH** FL Zip Code **33463**

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 JOHA HYVARINEN, PP *Juha Hyvarinen* 8/24/01
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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 TURUNEN, MARTTI SVINHUFVUDINKATU 11A1 15110 LAHTI FI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		500004726405 -12/14/01--01035--021 ****250.00 ****250.00
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: *Matti Turunen* 9/03/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)