## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000045037

Entity Name: QUBICA USA, INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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28351 S. TAMIAMI TRAIL 8100 AMF DRIVE

BONITA SPRINGS, FL 34134 US MECHANICSVILLE, VA 23111 US

Current Mailing Address: New Mailing Address:

28351 S. TAMIAMI TRAIL 8100 AMF DRIVE

BONITA SPRINGS, FL 34134 US MECHANICSVILLE, VA 23111 US

FEI Number: 65-0670382 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CINIELLO, PATRICK
28351 TAMIAMI TRAIL
BONITA SPRINGS, FL 34134 US

CINIELLO, PATRICK
28351 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134 US

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: 04/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: V (X) Change ( ) Addition

Name: CINIELLO, PATRICK Name: CAESAR, CHRISTOPHER F Address: 28351 S. TAMIAIMI TRAIL Address: 8100 AMF DRIVE

Address: 28351 S. TAMIAIMI TRAIL Address: 8100 AMF DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: MECHANICSVILLE, VA 23111 US

Title: D ( ) Delete Title: P (X) Change ( ) Addition

Name: ALBRIGHT, RICHARD Name: WALKER, JOHN B

Address: 28351 S. TAMIAMI TRAIL Address: 8100 AMF DRIVE

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: MECHANICSVILLE, VA 23111 US

 $\label{eq:Title:V} {\sf Title:} \qquad \qquad {\sf V} \qquad (\ ) \ {\sf Change} \ ({\sf X}) \ {\sf Addition}$ 

Name: Name: GOVONI, EMANUELE

 Address:
 Address:
 VIA DELLA CROCE COPERTA, 15

 City-St-Zip:
 City-St-Zip:
 BOLOGNA, IT 40128 IT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER CAESAR CFO 04/12/2007