

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000046163

**Entity Name:** MSM USA, INC.

**FILED**  
**Jul 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

15 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 65-0754879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZARB, NORBERT J  
15 SUNSHINE BOULEVARD  
ORMOND BEACH, FL 32174 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COCCIA, STEFANO  
**Address:** VIA ROMA, N. 104  
**City-St-Zip:** 31020 SAN VENDEMIANO (TV) IT, IT

**Title:** DT  
**Name:** DE MARCHI, MARINO  
**Address:** VIA ROMA N. 104  
**City-St-Zip:** 31020 SAN VENDEMIANO (TV) IT, IT

I hereby 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 all other like empowered.

**SIGNATURE:** STEFANO COCCIA

PD

07/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date