


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V32074</b>					
1. Entity Name <b>BAKER NORTON U.S., INC.</b>					
Principal Place of Business <b>4400 BISCAYNE BLVD ATTN: CAROLE I. AMSTER MIAMI FL 33137 US</b>			Mailing Address <b>4400 BISCAYNE BLVD ATTN: CAROLE I. AMSTER MIAMI FL 33137 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0393912</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STEVENN, RUBIN 4400 BISCAYNE BLVD MIAMI FL 33137</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIER, THOMAS E		NAME		
STREET ADDRESS	4400 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANZRAICH, NEIL		NAME		
STREET ADDRESS	4400 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, STEVEN		NAME		
STREET ADDRESS	4400 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPPALURI, RAO		NAME		
STREET ADDRESS	4400 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATION, MARIANNE H		NAME		
STREET ADDRESS	4400 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HSIAO, JANE		NAME		
STREET ADDRESS	4400 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		



MOORE CR2E034 (11/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Steven D. Rubin** 1/23/04 305-575-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #