

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001498

FILED  
Feb 17, 2012  
Secretary of State

Entity Name: IMA LIFE NORTH AMERICA INC.

**Current Principal Place of Business:**

2175 MILITARY ROAD  
TONAWANDA, NY 14150

**New Principal Place of Business:**

**Current Mailing Address:**

2175 MILITARY ROAD  
TONAWANDA, NY 14150

**New Mailing Address:**

FEI Number: 20-3265112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: PRES  
Name: PECCHIOLI, GIOVANNI  
Address: 2175 MILITARY ROAD  
City-St-Zip: TONAWANDA, NY 14150

Title: SEC  
Name: MARZO, SERGIO  
Address: 2175 MILITARY ROAD  
City-St-Zip: TONAWANDA, NY 14150

Title: TRES  
Name: MARZO, SERGIO  
Address: 2175 MILITARY ROAD  
City-St-Zip: TONAWANDA, NY 14150

Title: ASEC  
Name: RICCONI, MARCO  
Address: 2175 MILITARY ROAD  
City-St-Zip: TONAWANDA, NY 14150

Title: EXVP  
Name: RUIZ, JOSE  
Address: 2175 MILITARY ROAD  
City-St-Zip: TONAWANDA, NY 14150

Title: VP  
Name: RENZI, ERNESTO  
Address: 2175 MILITARY ROAD  
City-St-Zip: TONAWANDA, NY 14150

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: MARCO RICCONI

TRES

02/17/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date