



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **105997** 2. Name of Corporation **F.A.S. USA, Inc.**

3. Street Address Principal Business Office City State Zip
70 Commercial Way, Suite 2 **East Providence** **RI** **02914**
 4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 431-1580 **DELAWARE** **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture and sell paint and paint-related products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daniel Fillon	Vice President Name Jean Marc Broudin
Street Address c/o FAS, SA 642 rue Paul Heroult, Saint City State Zip Jean-Blanc 45077 Orleans Cedex 02 France	Street Address c/o FAS, SA 642 rue Paul Heroult, Saint- City State Zip Jean-Blanc 45077 Orleans Cedex 02 France
Secretary Name Yves Netillard	Treasurer Name Daniel Fillon
Street Address c/o FAS, SA 642 rue Paul Heroult, Saint City State Zip Jean-Blanc 45077 Orleans Cedex 02 France	Street Address c/o FAS, SA 642 rue Paul Heroult, Saint- City State Zip Jean-Blanc 45077 Orleans Cedex 02 France

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Daniel Fillon	Director Name
Street Address c/o FAS, SA 642 rue Paul Heroult, Saint- City State Zip Jean-Blanc	Street Address

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

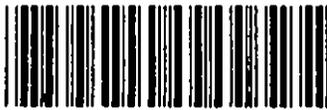
Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 9 9 7 *

FILED

File Date: _____

JAN 30 2001

Check No. _____

By *De 0000262*

By _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/23/01
 Signature of Officer Date

Daniel Fillon

Print or Type Name of Officer

President

Title of Officer

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3. Street Address Principal Business Office
70 Commercial Way, Suite 2 City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 431-1580** 5. State of Incorporation **DELAWARE** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture and sell paint and paint-related products.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daniel Fillon	Vice President Name Jean Marc Broudin
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ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 9 9 7 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: **FILED**

Check No.: **FEB 10 2000**

By: **CC 0001497**

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: **Daniel Fillon** Date: **2/08/00**

Print or Type Name of Officer: **Daniel Fillon**

Title of Officer: **President**