

SCC eFile  
(6/10)

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212503965

1.) CORPORATION NAME:

**IMA North America, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

DUE DATE: **1/31/2012**

SCC ID NO: **F1848938**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7 NEW LANCASTER ROAD

CITY/ST/ZIP: LEOMINSTER, MA 01453-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALBERTO VACCHI	
TITLE:	CHAIRMAN	
ADDRESS:	VIA 1° MAGGIO, 14, 40064 OZZANO DELL'EMILIA	
CITY/ST/ZIP/CO:	BOLOGNA, -, ITALY	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREA MALAGOLI	
TITLE:	DIRECTOR	
ADDRESS:	VIA 1° MAGGIO, 14, 40064 OZZANO DELL'EMILIA	
CITY/ST/ZIP/CO:	BOLOGNA, -, ITALY	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SERGIO MARZO	
TITLE:	DIRECTOR	
ADDRESS:	VIA 1° MAGGIO, 14, 40064 OZZANO DELL'EMILIA	
CITY/ST/ZIP/CO:	BOLOGNA, -, ITALY	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PIERLUIGI TAMPIERI	
TITLE:	DIRECTOR	
ADDRESS:	VIA 1° MAGGIO, 14, 40064 OZZANO DELL'EMILIA	
CITY/ST/ZIP/CO:	BOLOGNA, -, ITALY	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARRY COLLINS	
TITLE:	SECRETARY	
ADDRESS:	7 NEW LANCASTER ROAD	
CITY/ST/ZIP/CO:	LEOMINSTER, VA -	

NAME:                   STEWART HARVEY TITLE:                   C E O ADDRESS:               7 NEW LANCASTER ROAD CITY/ST/ZIP/CO:       LEOMINSTER, MA 01453-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BARRY COLLINS	BARRY COLLINS, SECRETARY	1/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.