

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

|              | MAILED HAG.   |          |  |         |  |  |
|--------------|---|----------|--|---------|--|--|
|              | Principal Place of Bu   | siness   | Mailing Address<br>C/O KJELL PEDERSEN<br>2555 ESTERO BLVD.<br>FT. MYERS FL 33931 |         |  |  |
| 1            | KJELL PEDERSEN, PA<br>2555 ESTERO BLVD.<br>FT. MYERS FL 33931 |          |  |         |  |  |
|              | US  |          | US   |         |  |  |
|              | 2. Principal Place of   | Business | 2a. Mailing Address  |         |  |  |
|              | Suite, Apt. #, etc.   |          | Suite, Apt. #, et  | tc.     |  |  |
| City & State |   |          | City & State   |         |  |  |
|              | Zip   | Country  | Zip  | Country |  |  |
|              | 24  | 25       | 29   | 30      |  |  |

FILED Mar 16, 1999 8:00 am Secretary of State

| •   | 1999 DIVISION OF CORPORATIONS       |                                 | 03-16-1999 90083 001 ***150.00  |                          |              |  |
|---|-------------------------------------|---------------------------------|---|--------------------------|--------------|--|
|   |                                     | 0155                            |   |                          |              | 03-10-1999 90083 001 130.00  |
| 1. Corporation  | WENT # 85                           | 8155                            | }   |                          |              |  |
| INTERNATIONAL SIMULTANEOUS TRANSLATION SERVICE L  |                                     |                                 |   |                          |              |  |
| IMITED !  |                                     |                                 | e subsubs subsubs desent securi econo ecces desent desent desent desent desent desent desent subsit |                          |              |  |
|   |                                     |                                 |   |                          |              |  |
| Principal Place   | e of Business                       | Ma                              | ailing Address  |                          |              | 1 (Eålät iktil) dillät tälät tiket ändt litti anbit etän asku åran senn eran       |
| kjell pedersi   |                                     |                                 | ) KJELL PEDERSEN  |                          |              |  |
| 2555 ESTERO BLVD.   |                                     |                                 | 5 ESTERO BLVD.  |                          |              | DO NOT WRITE IN THIS SPACE   |
| ( FT. MYERS FL :<br>  US  | 33931                               | US                              | FT. MYERS FL 33931<br>US  |                          |              | 3. Date Incorporated or Qualifed   |
|   |                                     |                                 |   |                          |              | 10/17/1983   |
| 2. Principal Pl   | lace of Business                    | 2a.                             | Mailing Address   |                          |              | 4. FEI Number Applied For  |
| 21  |                                     | 26                              |   |                          |              | 59-1708502 Not Applicable  |
| Suite, Apt.   | #, etc.                             |                                 | Suite, Apt. #, etc.   |                          |              | 5. Certificate of Status Desired   \$8.75 Additional                               |
| 22  |                                     | 27                              | 07. 0 07.   |                          |              | Fee Required.  |
| City & State  | e                                   | 199                             | City & State  |                          |              | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 23  <br>  Zip   | Country                             | 28                              | Zip   | Country                  |              | 8. This corporation owes the current year Intangible                               |
| 24  | 25                                  | 29                              | 3   | _ *                      |              | Personal Property Tax.   |
|   | 9. Name and Addres                  |                                 |   |                          |              | 10. Name and Address of New Registered Agent                                       |
| orn   | FRACEL MICH                         |                                 |   | 81                       | Name         |  |
|   | ERSEN, KJELL                        |                                 |   | 82                       | Street A     | t Address (P.O. Box Number is Not Acceptable)                                      |
|   | S ESTERO BLVD.<br>Myers beach fl 33 | 021                             |   | -                        |              |  |
| [ F1. F   | VITERO DEMOTT FL 33                 | 331                             |   | . 83                     |              |  |
|   |                                     |                                 |   | 84                       | City         | FL 85 Zip Code   |
| 44 Programa   | to the provisions of Cost           | ions 607 0502 and 6             | 07 1509 Florida Statutes  | the above                | -named       | d corneration culpmits this statement for the nurnose of changing its registered   |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                                     |                                 |   |                          |              | poration's board of directors. I hereby accept the appointment as registered       |
| Ī -   | m familiar with, and acce           | pt the obligations of,          | Section 607.0505, Florid  | a Statutes.              |              |  |
| SIGNATURE   | Signature, typed or printed name    | of registered agent and title i | f applicable. (NOTE: Re   | egistered Agent          | signature re | required when reinstating) DATE  |
| 12.   |                                     | FFICERS AND DIRE                |   | 13.                      | <del></del>  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
| TITLE   | PD PARENT                           |                                 | ☐ DELETE  | 1.1 TITLE                | - {          | ☑ Change ☐ Addition  |
| NAME  | THIEL, ROBERT                       | COT.                            |   | 1.2 NAME                 |              | 1930 ONESIME - GAGNON  |
| STREET ADDRESS  | 90 MONTEE DE LIE                    |                                 |   | 1.3 STREET               | Į.           | LACHINE QUEBEC, CANADA, HET 3MG  |
| CITY-ST-ZIP   | MONTREAL QUEBE<br>SD                | G-CANAD-                        | ☐ DELETE  | 1.4 CITY-ST<br>2.1 TITLE | - ZIP        | TAChange Addition  |
| TITLE<br>NAME   | THIEL, HARALD                       |                                 | (100000   | 22 NAME                  | }            |  |
| STREET ADORESS  | 90 MONTEE DE LIE                    | <del>99</del> F                 |   | 2.3 STREET               | ADDRESS (    | 1930 ONESIME - GAGNON  |
| CITY-ST-ZIP   | MONTREAL QUEBE                      |                                 |   | 2. 4 CITY-S              |              | LACHINE , QUEBEC :- CANADA , HOT 3M6   |
| TITLE   |                                     | <del></del>                     | ☐ DELETE  | 3.1 TITLE                |              | ☐ Change ☐ Addition  |
| NAME  |                                     |                                 |   | 32 NAME                  |              |  |
| STREET ADDRESS  |                                     |                                 |   | 33 STREET                | ADDRESS      | 3  |
| CITY-ST-ZIP   | <u></u>                             |                                 |   | 3.4. CITY-S              | T-ZIP        | 570 5744   |
| TITLE   |                                     |                                 | ☐ DELETE  | 4 1 TITLE                | 1            | ☐ Change ☐ Addition  |
| NAME  |                                     |                                 |   | 4 2 NAME                 |              |  |
| STREET ADDRESS  |                                     |                                 |   | 4.3 STREET               | ļ.           |  |
| CITY-ST-ZIP<br>TITLE  |                                     |                                 | ☐ DELETE  | 4.4 CITY-ST<br>5.1 TITLE | -219         | Change Addition  |
| NAME  |                                     |                                 | □ occe.ic   | 5.2 NAME                 | }            |  |
| STREET ADDRESS  |                                     |                                 |   | 5.3 STREET               | ADDRESS      | s  |
| CITY-ST-ZIP   | }                                   |                                 |   | 5.4 CITY-S1              | r-ZIP        |  |
| TITLE   | <del> </del>                        |                                 | ☐ DELETE  | 6.1 TITLE                |              | ☐ Change ☐ Addition  |
| NAME  |                                     |                                 |   | 6.2 NAME                 |              |  |
| STREET ADDRESS  |                                     |                                 |   | 6.3 STREET               | ADDRESS      | \$ <b>∫</b> .  |
| CITY-ST-ZIP   |                                     |                                 |   | 6.4 CITY-ST              | -ZIP         |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)