2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000004823

Entity Name: NEWMARKET TRADING, INC.

FILED Jun 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

310 N. WESTLAKE BLVD STE. 250 WESTLAKE VILLAGE, CA 91362

Current Mailing Address: New Mailing Address:

PO BOX 14538 LONG BEACH, CA 90853

FEI Number: 95-4745281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EMANUEL, BILL 3006 20TH STREET VERO BEACH, FL 32960 US

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: Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: () Delete Title: (X) Change () Addition WAKANA, TAKAHIKO BETTENCOURT, STEPHEN Name: Name: 23104 LOS CODONA AVE 2148 W ALLUVIAL Address: Address: FRESNO, CA 93711 City-St-Zip: TORRANCE, CA 90505 City-St-Zip:

() Delete Title: VCVP Title: (X) Change () Addition

Name: BETTENCOURT, STEPHEN Name: RIFE. ROBERT JR 2148 W ALLUVIAL 1171 E LA QUINTA Address: Address: FRESNO, CA 93720 FRESNO, CA 93711 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition RIFE, ROBERT JR TORIUMI, TAKASHI Name: Name:

1171 F LAQUINTA 758 CEDAR POINT PLACE Address: Address: City-St-Zip: FRESNO, CA 93720 City-St-Zip: THOUSAND OAKS, CA 93162

Title: () Delete Title: (X) Change () Addition

MEYERS, BARRY MEYERS, BARRY Name: Name: Address: 10747 BOBCAT LANE Address: 10747 BOBCAT LANE

City-St-Zip: City-St-Zip: ARROYO GRANDE, CA 93420 ARROYO GRANDE, CA 93420

Title: (X) Delete Title: Name: TORIUMI, TAKAHISHI Name: 756 CEDAR POINT PLACE Address: Address: City-St-Zip: THOUSAND OAKS, CA 93162 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT RIFE, JR S 06/19/2009