CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am DOCUMENT # F93000001894 **Secretary of State** 1. Entity Name 02-19-2002 90035 005 ***150 00 TWYFORD INTERNATIONAL INC. Principal Place of Business Mailing Address 4051 FUDGE RD. 15245 TELEGRAPH RD. APOPKA FL 32712 SANTA PAULA CA 93060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2807779 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)* Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE Hardee McAlhaney 4051 Fudge Rd., NAME NAME ONISHI, NOBORU STREET ADDRESS STREET ADDRESS 15245 TELEGRAPH ROAD CITY-ST-ZIP CITY-ST-ZIP SANTA PAULA CA 93060 Apopka, FL 32703 ☐ Delete TITLE ☐ Change ☐ Addition TITLE S NAME NAME WU. HELINA STREET ADDRESS STREET ADDRESS 15245 TELEGRAPH ROAD CITY-ST-ZIP CITY-ST-ZIP SANTA PAULA CA 93060 Delete TITLE Change ☐ Addition TITLE NAME NAME HIROSAWA, TAKAYASU STREET ADDRESS STREET ADDRESS 26-1, JINGUMAE 6-CHOME CITY - ST - ZIP CITY-ST-ZIP TOKYO, 150 JAPAN TITLE Delete TITLE Change Addition NAME NAME MACLEAN, CHARLES STREET ADDRESS STREET ADDRESS 15245 TELEGRAPH ROAD CITY-ST-ZIP CITY-ST-ZIP SANTA PAULA CA 93060 TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, BERL M STREET ADDRESS STREET ADDRESS 15245 TELEGRAPH ROAD CITY-ST-ZIP CITY-ST-ZIP SANTA PAULA CA 93060 TITLE ☐ Delete Change ☐ Addition NAME LLOYD, GREGORY STREET ADDRESS 15245 TELEGRAPH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA PAULA CA

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER