FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 24, 2003 8:00 am Secretary of State **DOCUMENT #** F93000001894 1. Entity Name 02-24-2003 90248 030 ***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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-2807779~ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ 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. I am familiar with, and accept the obligations of registered agent? SIGNATURE 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Poru Ozawa Addition NAME HARDEE, MCALHANEY NAME 26-1, Jingumae 6-Chame STREET ADDRESS 4651 FUDGE RD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Oshiyuki Matsushima Change Lb-1 Tingumae 6-Chome TITLE Delete TITLE NAME WU, HELINA NAME STREET ADDRESS 15245 TELEGRAPH ROAD STREET ADDRESS SANTA PAULA CA 93060 CITY-ST-ZIP CITY-ST-78P~ TITLE Delete TITLE ☐ Addition NAME HIROSAWA, TAKAYASU NAME STREET ADDRESS 26-1, JINGUMAE 6-CHOME STREET ADDRESS CITY-ST-7/P TOKYO, 150 JAPAN CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MACLEAN, CHARLES NAME STREET ADDRESS 15245 TELEGRAPH ROAD STREET ADDRESS CITY-ST-ZIP SANTA PAULA CA 93060 CITY-ST-ZIP Delete TITLE Change Addition THOMAS, BERL M NAME STREET ADDRESS 15245 TELEGRAPH ROAD STREET ADDRESS CITY-ST-ZIP SANTA PAULA CA 93060 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME LLOYD, GREGORY NAME STREET ADDRESS 15245 TELEGRAPH ROAD

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SANTA PAULA CA

CITY-ST-7IP