

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

5/

05-05-2003 92172 046 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L00000014636**

1. Entity Name  
**UNION TRADING LLC**

Principal Place of Business  
 SQU SERVICES AG, ALFRED ESCHERSTR. 9  
 POSTFACH, CH 8027  
 ZURICH, SWITZERLAND.

Mailing Address  
 C/O KILPATRICK STOCKTON LLP  
 1100 PEACHTREE ST STE 2800  
 ATLANTA, GA 30309

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

4. FEI Number  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2626

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of execution. (NOTE: Registered Agent's name and date must also be stated.)

FILE NOW WITH FEES \$60.00  
 MAKE CHECK PAYABLE TO Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM PEGARD, SUSANNE SQU SERVICES AG, ALFRED ESCHERSTR. 9 ZURICH, SWITZERLAND. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM FAZTA INVESTMENTS INC SQU SERVICES AG, ALFRED ESCHERSTR. 9 ZURICH, SWITZERLAND. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this report is true and accurate and that my signature has the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Neil O. Falis **NEIL O. FALIS 4-22-03 (404) 915-6609**

SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. One Copying Fee \$

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CHECK HERE IF MAKING CHANGES

CITIZENS (10/02)