2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2004 8:00 am Secretary of State 3/ DOCUMENT # N03000010183 03-29-2004 90078 042 ****61.25 WSP INTERNATIONAL-N.A., INC. Mailing Address Principal Place of Business 1400 IVY CT. #218 VERO BEACH FL 32963 1400 IVY CT. #218 VERO BEACH FL 32963 66411403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 7608 7 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 HEZELTON, DANIEL R Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to: Trust Fund Contribution. Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change ☐ Addition THEF ☐ Delete HEZELTON, DANIEL R NAME NAME 1400 IVY CT. #218 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Change Addition TITLE ☐ Delete WITTUS, ERWIN NAME NAME 8805 LAKESIDE CIRCLE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY - ST- 7IP CITY-ST-ZIP me Delete TITI F ☐ Change ☐ Addition HEZELTON, DONNA NAME 1400 IVY CT. #218 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-7IP CITY-ST-74P= ITLE ☐ Delata TITLE ☐ Change Addition NAME MALIF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL & Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-ST-7P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

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