

AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000116796 1. Entity Name MERCURI INTERNATIONAL NEW YORK INC.	
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FILED
03 AUG 25 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business THE SUNTRUST BLDG. Suite, Apt. #, etc. 950 N. COLLIER BLVD, STE 420 City & State MARCO ISLAND FL Zip 34145 Country USA	3. Mailing Address THE SUNTRUST BLDG Suite, Apt. #, etc. 950 N. COLLIER BLVD, STE 420 City & State MARCO ISLAND FL Zip 34145 Country USA
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100022630271
09/28/03--01003--026 **\$1.25

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4. FEI Number 06-1177717	☐ Applied For	☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name SHAW, ROGER D Street Address (P.O. Box Number is Not Acceptable) 301 PINEHURST CIRCLE City NAPLES FL Zip Code 34113
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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)

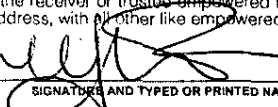
DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	ABRAHAMSSON, CURT	STREET ADDRESS	
CITY-ST-ZIP	C/O MERCURI INTERNATIONAL	CITY-ST-ZIP	
	ENHAGSSLINGAN S 187 TABY SWEDEN		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	PRESIDENT & DIRECTOR	STREET ADDRESS	
CITY-ST-ZIP	JEAN-PIERRE LEMAITRE	CITY-ST-ZIP	
	C/O MERCURI INTERNATIONAL		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	281 DE LA COMMUNE, MTL, QC	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	EXECUTIVE OFFICER SALES	STREET ADDRESS	
CITY-ST-ZIP	SJOGREN, LARS	CITY-ST-ZIP	
	C/O MERCURI INTERNATIONAL		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	281 DE LA COMMUNE, MTL, QC	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARIE NICOLO ATTORNEY** August 6, 2003 (514) 940-9944 ext 406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)