AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116796

1. Entity Name

MERCURI INTERNATIONAL NEW YORK INC.

FILED

03 AUG 25 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100022630271
08/28/03--01003--026 **61.25

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2. Principal Place of Business	3. Mailing Address
THE SUNTRUST BLDG.	THE SUNTRUST BLDG
Suite, Apt. #, etc.: 950 N. COLLIER BLVD, STE 420	Suite, Apt. #, etc.: 950 N. COLLIER BLVD, STE 420
City & State: MARCO ISLAND FL	City & State: MARCO ISLAND FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

4. FEI Number 06-1177717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ABRAHAMSSON, CURT
STREET ADDRESS	C/O MERCURI INTERNATIONAL
CITY-ST-ZIP	ENHAGSSLINGAN S 187 TABY SWEDEN
TITLE	PRESIDENT & DIRECTOR
NAME	JEAN-PIERRE LEMAITRE
STREET ADDRESS	C/O MERCURI INTERNATIONAL
CITY-ST-ZIP	281 DE LA COMMUNE, MTL, QC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	EXECUTIVE OFFICER SALES
NAME	SJOGREN, LARS
STREET ADDRESS	C/O MERCURI INTERNATIONAL
CITY-ST-ZIP	281 DE LA COMMUNE, MTL, QC
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

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 Aug 26, 2003 (514) 940-9944 ext 906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #