## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2000 8:00 am **DOCUMENT # P05231** 1. Entity Name Secretary of State RAWAN INVESTMENTS, INC. 03-02-2000 90020 043 \*\*\*150.00 Mailing Address Principal Place of Business C/O BERLAND -- MAHONEY. COHEN. PAUL & CO C/O BERLAND -- MAHONEY, COHEN, PAUL & CO 111 WEST 40TH STREET, 12TH FLOOR 111 WEST 40TH STREET, 12TH FLOOR NEW YORK NY 10018-2506 NEW YORK NY 10018-2506 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 04-2848506 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition PTD □ Delete TITLE TITLE NASHAR, MAHMOUD M. NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 6697, NA CITY-ST-ZIP JEDDAH, SAUDI ARABIA CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE BARNETT, CYNTHIA FAYE NAME STREET ADDRESS 150 FEDERAL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOSTON MA** Change Addition TITLE TITI F ☐ Delete SHACHOY, NORMAN J. NAME NAME STREET ADDRESS 150 FEDERAL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOSTON MA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FEB. 19,2000