2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # P14211** KINASHA CORPORATION, N.V. 03-15-2000 90075 036 ***150.00 Principal Place of Business Mailing Address 100 PINE STREET 100 PINE STREET **SUITE 3225 SUITE 3225** SAN FRANCISCO CA 94111-5231 SAN FRANCISCO CA 94111 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 98-0060343 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGENCY REALTY GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) ATTN: ROBERT L. MILLER VARD 121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MURDAYA, HARTATI STREET ADDRESS STREET ADDRESS 100 PINE STREET #3225 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA ☐ Delete Change ☐ Addition TITLE NAME NAME **GEORGE CHEN** STREET ADDRESS STREET ADDRESS 100 PINE ST., #3225 CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME MURDAYA, WIDYAWIMARTA STREET ADDRESS STREET ADDRESS 100 PINE ST., #3225 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE

STREET ADDRESS

GEONGE CHEN, SECRETARY

STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition