2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # P9600000563 03-09-2004 90008 029 ***150.00 INTERNATIONAL CONTAINER SYSTEMS, INC. Principal Place of Business Mailing Address 3467 CORTEZ ROAD WEST 300 S ORANGE AVENUE BRADENTON, FL 34210 **SUITE 1000** ORLANDO, FL 32801 US 2. Principal Place of Business 3. Mailing Address 300 SOUTH ORANGE AVENUE Suite, Apt. #, etc. SUITE 1000, ATTN:D. PENFIELD Suite, Apt. #, etc. 02242004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For ORLANDO, FL 59-3360203 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32801 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. 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 regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition ROGERS, KENNETH R NAME NAME STREET ADDRESS 3647 CORTEZ ROAD WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-7IP ☐ Delete ☐ Addition TITLE >√√√ Change TITLE NAME HILDRETH, BURGESS H NAME STREET ADDRESS 3647 CORTEZ ROAD WEST., STE 102 STREET ADDRESS 3647 CORTEZ ROAD WEST CITY-ST-ZIP **BRADENTON, FL 342103106** CITY-ST-7IP BRADENTON, FL 34210 VD TITLE □ Delete TITLE xxx Change Addition GRECO, PIERO NAME NAME STREET ADDRESS 110 E MONTEE DE LIESSE STREET ADDRESS CITY-ST-ZIP SAINT LAURENT, QUEBEC, CN h4t 1n4 CITY-ST-ZIP ST. LAURENT, QUEBEC, CN H4T 1N4 ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 Block 11 if changed, or on an attachment with an accurate with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

/Burgess H. Hildreth 02/27/04

(941) 727-5788

FILED