2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am Secretary of State P97000069089 DOCUMENT # 1. Entity Name 02-05-2002 90022 018 ***158.75 CML U.S.A., INC. Mailing Address Principal Place of Business 10227 GENERAL DRIVE 10227 GENERAL DRIVE ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3456123 Not Applicable Ζip Country 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 TUNIS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 10227 GENERAL DRIVE ORLANDO FL 32824 Zip Code City 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, 2002 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 11. TIT! F TITLE Delete CAPORUSSO, ALESSANDRO NAME NAME STREET ADDRESS STREET ADDRESS 10227 GENERAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Change ☐ Addition **GMV** ☐ Delete TITLE NAME TUNIS, SCOTT NAME STREET ADDRESS STREET ADDRESS 10227 GENERAL DRIVE CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

E PEQUISEA Tunis,

General manager

Daytime Phone #