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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P98000028014

1. Entity Name

HYDROGENE CORPORATION
SYNERGIE Holdings LIMITED, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16776 Bernardo Center Drive	
Suite, Apt. #, etc. Suite # 903	Suite, Apt. #, etc.
City & State San Diego	City & State CA
Zip 92128 Country San Diego	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 911853701 ☐ 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 Edward B Cohen, Esq.
Street Address (P.O. Box Number is Not Acceptable) 5355 W Boca Raton Blvd
City Boca Raton, FLORIDA 33432-4708
FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
* Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS (Use)

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N. MUNRO MERRICK, CHAIRMAN 15022 PASO DEL MAR DEL MAR, CA 92014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT PARKER, DIRECTOR 415 CHESTNUT AVENUE, #C CARLSBAD, CA 92008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A.J. GLENN, III, DIRECTOR 1505 SUNNYBROOK FARM ROAD ATLANTA, GA 30350
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Parker 8/27/02 (858) 485-0747
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #