2008 FOR PROFIT CORPORATION

Apr 29, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F02000006340 04-29-2008 90078 029 ***150.00 1. Entity Name CORDIA CORPORATION Principal Place of Business Mailing Address **445 HAMILTON AVE** 3100 CUMBERLAND BLVD STE 900 STE 900 ATLANTA, GA 30339 WHITE PLAINS, NY 10607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 CR2E034 (12/06) Chg-P **SUITE 408** City & State City & State 4. FEI Number Applied For 11-2917728 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 FREEMAN, PATRICK 13275 W. COLONIAL DR. Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN, FL 34787 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 required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete TITEF ✓ Change ☐ Addition NAME **KEVIN GRIFFO** FREEMAN, PATRICK NAME 13275 W. COLONIAL DR 445 HAMILTON AVENUE, SUITE 408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 WHITE PLAINS, NY 10601 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SCAGNELLI, JOHN NAME NAME 445 HAMILTON AVENUE, SUITE 408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WHITE PLIANS, NY 10601 CITY-ST-ZIP TETLE Defete TITE F ☐ Change ☐ Addition MINELLA, WESLY NAME NAME 445 HAMILTON AVENUE, SUITE 408 STREET ADORESS STREET ADDRESS CITY-ST-ZIP WHITE PLAINS, NY 10601 CITY-ST-7iP T.CFO Delete TITLE **√** Change ☐ Addition **GANDOLFO VERRA** GUERRERA, LORIE NAME NAME 445 HAMILTON AVENUE, SUITE 408 STREET ADDRESS 445 HAMILTON AVENUE SUITE 408 STREET ADDRESS WHITE PLAINS, NY 10601 CITY-ST-ZIP WHITE PLAINS, NY 10601 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAJERNIK, ROBERT NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

D,COB

JOEL DUPRE

CITY-ST-ZIP

NAME

☐ Delete

SI	GN	AT	IR	F٠

445 HAMILTON AVE STE 408

WINTER GARDEN, FL 34787

445 HAMILTON AVE SUITE 408

WHITE PLAINS, NY 10601

TAKADA, YOSHIYASU

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

445 HAMILTON AVENUE, SUITE 408

WHITE PLAINS, NY 10601

Change

✓ Addition

FILED