SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:59

DOCUMENT # **838309** **(3)**

1. Corporation Name

ECO LEASING CORP.

Principal Place of Business	Mailing Address
1415 BOSTON POST ROAD LARCHMONT NY 10538	1415 BOSTON POST ROAD LARCHMONT NY 10538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/28/1977	01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-2506793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for unpaid tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FLINN, ROBERT H.	12 NAME	
STREET ADDRESS	365 PURCHASE ST.	13 STREET ADDRESS	
CITY ST ZIP	RYE NY	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BLAKE, JAMES E.	22 NAME	
STREET ADDRESS	20 INDIAN FIELD ROAD	23 STREET ADDRESS	
CITY ST ZIP	GREENWICH CT	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, ARCHIE E	32 NAME	
STREET ADDRESS	69 LONG MEADOW RD	33 STREET ADDRESS	
CITY ST ZIP	WILTON CT	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR3E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROBERT H. FLINN 6-6-95 914-834-9007
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176169 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 5 AM 7:17

DOCUMENT # 838604 (7)

1. Corporation Name
CANAM STEEL CORPORATION

Principal Place of Business	Mailing Address
P O BOX C-285 POINT OF ROCKS MD 21777-7285	P O BOX C-285 POINT OF ROCKS MD 21777-7285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1977
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 52-0998510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DUTIL, MARCEL	12 NAME	
STREET ADDRESS	1296 REDPATH CRESCENT	13 STREET ADDRESS	
CITY ST ZIP	MONTREAL CA	14 CITY ST ZIP	
TITLE	S	21 TITLE	Secretary ☒ Change ☐ Addition
NAME	GODIN, PHILIP	22 NAME	Thomas Pistorino
STREET ADDRESS	714 MEADOW FIELD CT.	23 STREET ADDRESS	108 Alessander Ct., #176
CITY ST ZIP	MT. AIRY MD	24 CITY ST ZIP	Frederick, MD 21702
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCHILLING, DONALD	32 NAME	
STREET ADDRESS	7196 STILLWATER CT	33 STREET ADDRESS	
CITY ST ZIP	FREDERICK MD	34 CITY ST ZIP	
TITLE	DO	41 TITLE	☒ Change ☐ Addition
NAME	GOUIN, BERNARD	42 NAME	See Attached Sheet
STREET ADDRESS	208 GROVE BLVD	43 STREET ADDRESS	
CITY ST ZIP	FREDERICK MD	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TREASURER 6/6/95 (301) 874-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485788 FN

D38604

CANAM STEEL CORPORATION
Schedule of Officers and Directors
January 1, 1995

Office	Name	Number & Street	City	State	Country	Zip
President	Marcel Dutil	1296 Redpath Cresent	Montreal	Quebec	Canada	H3G2K1
Vice-President	Mario Bernard	4800, 10e Rue Sartigan	St. Georges, East	Quebec	Canada	G5Y5B8
Vice-President	John Greene	13 Deer Trail	Labadie	MO	US	63055
Vice-President	Marc Dutil	11160, 9e Avenue	St. Georges	Quebec	Canada	G5Y1J1
Vice-President	Kurt Langsenkamp	2810 N.E. 41st Court	Ft. Lauderdale	FL	US	33308
Treasurer	Donald Schilling	7196 Stillwater Court	Frederick	MD	US	21702
Secretary	Thomas Pistorino	108 Alessander Ct., #178	Frederick	MD	US	21702

Directors		
	Marcel Dutil	see above
	Marc Dutil	see above
	Donald Schilling	see above

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **838841** **(5)**

1. Corporation Name

HAMBURGER INTERNATIONALE RUCKVERSICHERUNG AKTIEN GESELLSCHAFT CORP.

Principal Place of Business	Mailing Address
3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803	3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1977
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1753535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHILTINGTON-OMNI SERVICES INC
3751 MAGUIRE BLVD
STE 151
ORLANDO FL 32803

10. Name and Address of New Registered Agent

B1 Name: SHERMAN A. EVANS
B2 Street Address (P.O. Box Number is Not Acceptable): 3751 MAGUIRE BLVD Suite 151
B3
B4 City: ORLANDO FL B5 Zip Code: 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sherman A Evans — SHERMAN A EVANS — 8 JUN 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, KENNETH A	12 NAME	
STREET ADDRESS	3751 MAGUIRE BLVD #151	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WALTHER, PAUL	22 NAME	
STREET ADDRESS	3751 MAGUIRE BLVD #151	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	EILERS, WOLFGANG	32 NAME	
STREET ADDRESS	STECKELHOERN 5	33 STREET ADDRESS	
CITY-ST-ZIP	HAMBURG, GERMANY	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	SOLL, REINER	42 NAME	
STREET ADDRESS	STECKELHOERN 5	43 STREET ADDRESS	
CITY-ST-ZIP	HAMBURG, GERMANY	44 CITY-ST-ZIP	
TITLE	SV	51 TITLE	☐ Change ☐ Addition
NAME	EVANS, SHERMAN A	52 NAME	
STREET ADDRESS	3751 MAGUIRE BLVD., #151	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Sherman A Evans — SHERMAN A EVANS — 8 JUN 1995 — 407 875 0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011531 CP