FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90145 029 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840994

1. Entity Name
TALCURA, INC.

90137672

Principal Place of Business	Mailing Address
~~641 MCDONNELL DRIVE~~ ~~P.O. BOX 1212~~ ~~TALLAHASSEE, FL 32302~~	~~641 MCDONNELL DRIVE~~ ~~P.O. BOX 1212~~ ~~TALLAHASSEE, FL 32302~~

2. Principal Place of Business	3. Mailing Address
1415 Timberlane Road	1415 Timberlane Road
Suite, Apt. #, etc.: Suite 217	Suite, Apt. #, etc.: Suite 217
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32312 Country:	Zip: 32312 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-1843617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KOELEMIJ, JOHN J.~~ ~~641 MCDONNELL DRIVE~~ ~~P.O. BOX 1212~~ ~~TALLAHASSEE, FL 32310~~	Name: Crona, William D Street Address (P.O. Box Number Is Not Acceptable): 1415 Timberlane Rd Suite 217 City: Tallahassee FL Zip Code: 32312

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] 5/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOELEMIJ, JOHN J. 1006 GARDENIA DR. TALLAHASSEE, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRONA, WILLIAM D. 2020 LEE AVENUE TALLAHASSEE, FL	☐ Delete	Crona, William D. 1415 Timberlane Rd Suite 217 Tallahassee, FL 32312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUYZEN, ROBERT DE RUYTERKADE 62 WILL. CURACAO,N.A.,	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: [signature] 5/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #