FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 3 19 96 DOCUMENT # 855952 1. Corporation Name INTERNATIONAL GLOBE, INC. Principal Place of Business Mailino Address 1350 SHERBROOKE ST. W. 1350 SHERBROOKE ST. W. STE. 600 STE. 600 MONTREAL, CANADA MONTREAL, CANADA 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1983 02/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 NOT APPLICABLE 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζıρ Country Country 8. This corporation has liability for intangible tax under s 199,032, Yes No 24 25 29 30 Flooda Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 PLANTATION FL 33324 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Ricg stered Agent signature required when revisitating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 25 THILE DELETE 1. 1 TITLE Executive V.P., CFO Change Addition PΩ Jeffrey Macdonald NAME ROSENBLOOM, MIKE 1.2 NAME CR2E034 SHOT N. W. Broken Sound Blud STREET ADDRESS 1350 SHERBROKE ST. W. 1.3 STREET ADDRESS Beca Ratio, & 33487 CITY - ST - ZIP MONTREAL, CANADA 1.4 C(TY - ST - 2)P TITLE DELETE Change Addition 2 1 TITLE Barry Rosenbloom NAME 2.2 NAME HOFFMAN, MORTON 3 E. 541 St. STREET ADDRESS 1350 SHERBROOKE ST.,W 2.3 STREET ADORESS New York, NY 10022 MONTREAL, CANADA CITY-ST-ZIP 2.4 CHY - \$1 - ZIP N DELETE TITLE 3.1 THUE ☐ Change Addition Mano Liursi NAME LEVY, PAUL M. 3.2 NAME 1350 sherbrooke St, w. STREET ADDRESS 225 W. WASHINGTON ST 3.3 STREET ADDRESS CHICAGO IL Montreal, Canada CITY-ST-ZiP 3 4 CITY - ST - ZIP ☐ DELETE TIFLE 4 1 TITLE Change Add-tion 42 NA 198 STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7iP 4.4 CITY ST-ZIF DELETE THILE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3.9THEEL ADDRESS CITY-ST-ZiP 54 CITY-ST-ZIP DELETE TIFLE ☐ Change Addition 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

MAR 5 1496 514.849.7733

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MCRTON HOFFMAN

SIGNATURE: