SIGNATURE:

DOCUMENT # F0000000676 1. Entity Name SOMERSET INVESTMENT SERVICES CORP. REINSTATEMENT 2001				W 11/28	
				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
•	ce of Business CTICUT AVENUE N.W., SUITE 400	Mailing Address 1155 CONNECTICUT AVE WASHINGTON DC 20036	ENUE N.W., SUITE 400	01 NOV -6 PM12: 39	
'	Place of Business	3. Mailing Address	0% C SAN		
<i>950</i> Suite, Apt.	<u>5. OltAN Bl</u> #, etc. 103 E	2020 AVE 0 Suite, Apt. #, etc. 290	V STANS	DO NOT WRITE IN THIS SPACE	
City & Stat	VALPAN FL	City & State LUG AVGEO	ES, CA	4. FEI Number Applied For 52-1700994 Not Applicable	
Zip 33	462 Country WSA	Zip 90067	Country	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY					
	s street Ssee FL 32301-2525		Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
Tax filing r (See criter		pible FILE NOW After September 1	TE: Registered Agent signature required: [1!! FEE IS \$550.00 2, 2001 Fee will be \$75 ble to Department of Si	10. Election Campaign Financing \$5.00 May Be Added to Fees	
ITLE STREET ADDRESS CITY-ST-ZIP	PCD TRUTANIC, RICHARD S 1155 CONNECTICUT AVENUE WASHINGTON DC 20036	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 300046983737	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	ST TRUTANIC, RICHARD S 1155 CONNECTICUT AVENUE WASHINGTON DC 20036	□ Delete E N.W., SUITE 400	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-11/29/0101051ang-005 Addition ****750.00 ****750.00	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	einstateme	Delete 2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS BITY-ST-ZIP	7412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TTLE Ame Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
of the corp	on this report or supplemental repo	ort is true and accurate and that i mpowered to execute this report	my signature shall have the t as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNAT		OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	1/-2-01 3:0-557-2540 Date Daytime Phone #	