2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED-4

FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # F00000002858 1. Entity Name 05-21-2002 91179 031 ***150.00 SAUDI AMERICAN MINERALS, INC. Principal Place of Business Mailing Address 9900 W. SAMPLE ROAD. SUITE 300 676 W. PROSPECT ROAD FT. LAUDERDALE FL 33309 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 88-0377469 Not Applicable Zip Country Country Zip \$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 Name CLAIRE, ROBERT I Street Address (P.O. Box Number is Not Acceptable) 7280 W. PALMETTO PARK ROAD, SUITE 106 **BOCA RATON FL 33433** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Delete TITLE ☐ Addition JENNINGS, EDWARD NAME 154 S. 12TH STREET STREET ADDRESS STREET ADDRESS COLUMBUS OH 43210 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME TERPINAS, THOMAS NAME STREET ADDRESS STREET ADDRESS 8056 SHOREWALK DRIVE INDIANAPOLIS IN 46236 CITY-ST-ZIP CITY-ST-ZIP PCEO-Delete_ Change_ ____ Addition NAME HUNT, LARRY NAME STREET ADDRESS 1761 N.W. 127TH WAY STREET ADDRESS CITY-ST-7/P CORAL SPRINGS FL 33071 CITY-ST-7/P TITLE **EVC** ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLER, JEFF NAME STREET ADDRESS 15221 WILSHIRE CIRCLE S. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE STC ☐ Delete TITLE Change ☐ Addition DOTSON, LEE NAME NAME STREET ADDRESS 30 E. GEORGIA #413 STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46204 CITY-ST-ZIP ☐ Addition TITLE Change □ Delete GUTHRIE, DAVID NAME 7636 TIMBER HILL NORTH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **INDIANAPOLIS IN 46217** CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #