FILED Jun 07, 2004 8:00 am Secretary of State

	2004				REP	DRT	X I I I	Jr
DOCI	UMEN	T # F0	20000	0048	67			

DOCUMENT # F0200004867 1. Entity Name RISCUITY ASIA, INC.								06-07-200	04 90005 ()22 ***1	50.00
Principal Place of Business BPI BUENDIA CENTER SENATOR GIL PUYAT AVE 2ND FL MAKATI CITY 1200 PHILIPPINES, Comparison of Description of Business Maiiling Address 225 TOWNPARK DRIVE SUITE 425 KENNESAW, GA 30144 US 3. Maiiling Address											
	Mailing Address					30 13 11					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03142003	03142003 Chg-P CR2E034 (10/03)			
City & State				City & State			4. FEI Numb	_ 	plied For t Applicable		
Zip		Country.		Zip	Cour	ntry	5. Certificate	te of Status Desired S8.75 Add Fee Require			
	6. Name a	nd Address of Curi	ent Regis	stered Agent		Name -	7. Name and	Address of New F			
	LEXISNEXIS DOCUMENT SOLUTIONS INC.										
1201 HAYS STREET TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)					
*					City	FL Zip Code					
	named entity		nt for the	ourpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE_	Signature, typed b	printed name of registered	agent and title	if applicable. (NOTE	: Registere	ad Agent signature requ	uired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina Trust Fund Contribution.						\$5.00 May Be Added to Fees	In accordance corporation did				
10.		OFFICERS /	ND DIRE	CTORS	11.		ADDITIONS	I /CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME	3 45				TITL	I				☐ Change	Addition
STREET ADDRESS	2655 NIBLICK WAY				EET ADDRESS						
TITLE	VPT .		-	☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	3463 MILL BRIDGE DRIVE STE				NAM Stri	AE EET ADDRESS					
CITY-ST-ZIP						Y-SI-ZIP					
TITLE NAME	1			☐ Delete	TITE Nam	i				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	4		-	برحمات المحاسب		EET ADDRESS Y-ST-ZIP	~			<u>.</u>	-
TITLE	1	,		☐ Delete	TITL	I .				Change	Addition
NAME STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP		- -		□ Delete	CITY	Y-ST-ZIP LE	7.07			☐ Change	Addition
NAME STREET ADDRESS	1				NAM	l l				. = •	_
CITY-ST-ZIP					1	Y-ST-ZIP					
TITLE				☐ Delete	TITL	1				☐ Change	Addition
STREET ADDRESS					STR	EET ADDRESS Y-ST-ZIP					ĺ
12. I hereby indicated	d on this report	or supplemental rec	ort is true	filing does not qualify fo and accurate and that r ed to execute this report	r the exe	emption stated in sture shall have t	the same legal offe	ct as if made under	oath: that I a	m an officer	or director
changed	l, or on an atta	chment with an addr	ess, with a	all other like empowered	asieqt	mod by Onapler	our, monda statut		O O	DIOCK TO OF	_
SIGNAT	TURE: _	SIGNATURE AND THE	THIRD ROE	D NAME OF SIGNING OFFICER	OR DIREC	тоя	535	Date 1	10-419	aylime Phone #	77_

Atlachment Atlachment **2004 FOR PROFIT CORPORATION** ANNUAL REPORT DOCUMENT # F02000004867 CAPITAL CROSSING ASIA, INC. Principal Place of Business Mailing Address BPI BUENDIA CENTER SENATOR GIL PUYAT AVE 14023421 225 TOWNPARK DRIVE 2ND FL SUITE 425 MAKATI CITY 1200 PHILIPPINES. 00 KENNESAW, GA 30144 02252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Elaction Ca FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be/\$550.00 ppaign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHEN, EDWARD L 2655 NIBLICK WAY STREET ADDRESS CITY-ST-ZIP **DULUTH, GA 30097** TITLE NAME MCCUE, DANIEL STREET ADDRESS 3463 MILL BRIDGE DRIVE CITY-ST-ZIP MATIETTA, GA 30062 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR