2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002717

Entity Name: ANTAMEX (US) INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 375 NORTHRIDGE ROAD, SUITE 350 ATLANTA, GA 30350 **Current Mailing Address: New Mailing Address:** 375 NORTHRIDGE ROAD, SUITE 350 ATLANTA, GA 30350 FEI Number: 98-0188325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: DCFO (X) Change () Addition CHAFEE, ROBERT E HATHAWAY, EDWIN B Name: Name: 2 PHEASANT LANE 2425 OLYMPIC BLVD., STE. 525E Address: Address: City-St-Zip: ETOBICOKE, ONTARIO, CANADA, City-St-Zip: SANTA MONICA, CA 90404 Title: Title: () Delete (X) Change () Addition Name: PESTRIN, MARIO Name: BHATTACHARYA, DAIPAYAN 2425 OLYMPIC BOULEVARD, STE. 525E Address: 83 KLEIN'S RIDGE Address: SANTA MONICA, CA 90404 KLEINBURG, ONTARIO, CANADA, City-St-Zip: City-St-Zip: Title: PST () Delete Title: COO (X) Change () Addition TOFFOLI, ELIO PETER TOFFOLI, ELIO Name: Name: 28 ANNIS ROAD 210 GULE DRIVE Address: Address: City-St-Zip: SCARBOROUGH, ONTARIO, CANADA, City-St-Zip: CONCORD, ON CANL4K5W1 Title: () Delete Title: **EVP** () Change (X) Addition MAGGIANO, DOMINIC Name: Name: Address: Address: 2745 N. DALLAS PARKWAY, SUITE 560 City-St-Zip: City-St-Zip: PLANO, TX 75093 Title: Title: CEO () Change (X) Addition () Delete Name: Name: HARRIS, CASSANDRA Address: 2745 N. DALLAS PARKWAY, SUITE 560 Address: City-St-Zip: City-St-Zip: PLANO, TX 75093 Title: () Delete Title: **VPS** () Change (X) Addition Name: Name: HINES, MOLLIE L 2745 N. DALLAS PARKWAY, SUITE 560 Address: Address: City-St-Zip: City-St-Zip: PLANO, TX 75093

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLIE L. HINES VP/S 07/05/2007