2005 FOR PROFIT CORPORATION

Apr 07, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F03000002805 04-07-2005 90017 008 ***150.00 1. Entity Name FFE MINERALS USA INC. Principal Place of Business Mailing Address 3235 SCHOENERSVILLE RD 3235 SCHOENERSVILLE RD. BETHLEHEM, PA 18017-2103 BETHLEHEM, PA 18017-2103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 23-2798183 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change TITLE NAME ROBLES, GEORGE NAME STREET ADDRESS STREET ADDRESS 3235 SCHOENERSVILLE RD. CITY-ST-ZIP BETHLEHEM, PA 180172103 CITY-ST-ZIP ☐ Change ☐ Addition □ Detete TITLE TITLE MERTZ, JOHN F NAME 3235 SCHOENERSVILLE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP **BETHLEHEM, PA 180172103** ☐ Change Addition Delete . . . TITLE TITLE NAME MERTZ, JOHN F NAME STREET ADDRESS 3235 SCHOENERSVILLE RD. STREET ADDRESS BETHLEHEM, PA 180172103 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE AS NAME NAME Mary Beth Bennicoff STREET ADDRESS STREET ADORESS 3235 Schoenersville Rd. CITY-ST-ZIP CITY-ST-ZIP Bethlehem, PA 18017-2103 ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition

FILED