2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# F07000001539

Entity Name: CHIVERS NORTH AMERICA, INC.

Current Principal Place of Business:

42 WHITECAP DR
NORTH KINGSTOWN, RI 02852

New Principal Place of Business:

Current Mailing Address:

42 WHITECAP DR
NORTH KINGSTOWN, RI 02852

New Mailing Address:

FEI Number: 04-2587469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHEELOCK, ROBERT
7601 DELLA DR
SUITE 19
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: ROBERT WHEELOCK

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: DEMPSEY, PAUL
Address: BBC AUDIOBOOKS LTD, ST JAMES HOUSE LOWER
City-St-Zip: BRISTOL RD, BATH, UK B02 3SB, XX XX

Title: T ( ) Delete
Name: BOWEN, MIKE
Address: BBC AUDIOBOOKS LTD, ST JAMES HOUSE LOWER
City-St-Zip: BRISTOL RD, BATH, UK B02 3SB, XX XX

Title: PD ( ) Delete
Name: BRANNIGAN, JAMES
Address: 42 WHITECAP DR
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: SD ( ) Delete
Name: FINN, PETER
Address: 50 ROWE'S WHARF
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL DESROSIERS COO 10/21/2009

Electronic Signature of Signing Officer or Director — Date