CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am DOCUMENT # F09709 Secretary of State 1. Entity Name GILAD DEVELOPMENT (FLORIDA), INC. 04-08-2002 90061 037 ***150.00 Mailing Address Principal Place of Business C/O CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2114202 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) DATE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition ☐ Delete ☐ Change TITLE TITLE NAME VERED, ZEEV NAME STREET ADDRESS STREET ADDRESS 1801 WOODWARD DRIVE CITY-ST-ZIP CITY-ST-ZIP OTTAWA ONTARIO CANADA K2COR-3 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME SHENKMAN, WILLIAM STREET ADDRESS STREET ADDRESS 1801 WOODWARD DRIVE CITY-ST-ZIP CITY-ST-ZIP OTTAWA ONTARIO CANADA K2COR-3 ☐ Change Addition ☐ Delete TITLE TITLE STD NAME NAME -VERED, RON STREET ADDRESS STREET ADDRESS 1801 WOODWARD DRIVE CITY-ST-ZIP CITY-ST-ZIP OTTAWA ONTARIO CANADA K2COR-3 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zeev Vered