FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

FILED Mar 26, 2002 8:00 am Secretary of State

03-26-2002 90038 024 ***150.00

561-447-4433

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DOCUMENT # F9200000106 International Seaway Trading Corp. DO NOT WRITE IN THIS SPACE R0051327 2. Principal Place of Business 3. Mailing Address 7100 W Camino 7100 W Camino Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 110 4. FEI Number 34-156 4295 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent er J. Grzybowski DO NOT WRITE Address (R.O. Box Number is NogAcceptable) IN THIS SPACE Zip Code 33433 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01 TITLE Harver Gerdy NAME NAME Villanuoa Prive 7850 STREET ADDRESS STREET ADDRESS Boca Ration, Florida 33433 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE michael Wolf NAME NAME Richael Drive 22740 Eldorado Orive Boca Raton, Florida 33433 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Toel Sedley 1876 mandarin Drive TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE Florida 33433 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Lawrence Satz NAME NAME 215 South Mason Road STREET ADDRESS STREET ADDRESS Town & Country mo 63141 CITY-ST-ZIP CITY-ST-ZIP TITLE Peter Grzybowski 7100 W Camino Real Suite 110 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR