2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F9200000588 Feb 29, 2000 8:00 am **Secretary of State** FREBON INTERNATIONAL CORPORATION 02-29-2000 90152 008 ***158.75 Principal Place of Business Mailing Address SPRINGHILL RD. 1430 SPRINGHILL RD. SUITE 401 MCLEAN VA 22102-3022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 54-1485057 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGAR, MARY LYNN Street Address (P.O. Box Number is Not Acceptable) 8782 RIVERFRONT TERRACE TEQUESTA FL 33469 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 (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 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, 2000 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. CR2E034 (9/99) Addition TITLE TITLE PCD ☐ Delete NAME NAME HORNER, BONNIE L STREET ADDRESS STREET ADDRESS 1430 SPRINGHILL RD., #401 CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22:102 ☐ Change Addition ☐ Delete TITLE MUELLER, FRED J NAME STREET ADDRESS STREET ADDRESS 1430 SPRINGHILL RD., #401 CITY-ST-ZIP CITY-\$T-ZIP MCLEAN_VA 22:102 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if mode under the same legal effec I hereby certify that the information supplied with indicated on this report or supplemental report that my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee e changed, or on an attachment an addre with all other like

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