2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9300001572 1. Entity Name DOMINION INTERNATIONAL CORPORATION OF DELAWARE Principal Place of Business Mailing Address

FILED Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90187 001 ***150.00

1451 W. CYPRESS CREEK RD #300 FT. LAUDERDALE FL 33309 US		C/O R. HEAGY 1451 W. CYPRESS CREEK RD. #300 FT. LAUDERDALE FL 33309-1953 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 58-1715515 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
-	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent			
1200	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324	ن د د د د د د د د د د د د د د د د د د د	Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
SIGNATI IRF	named entity submits this statement for Signature, typed or printed name of registered agent a	_	registered office or regi	egistered agent, or both, in the State of Florida.			
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 200	!! FEE IS \$150.00 00 Fee will be \$550.0 le to Department of	0.00 Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLODGETT, HERBERT B 1451 WEST CYPRESS CREEK R FT. LAUDERDALE FL 33309	□ Delete DAD, #300	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEAGY, RICHARD H 1451 WEST CYPRESS CREEK R FT. LAUDERDALE FL 33309	☐ Delete DAD, #300	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLAGHER, JOHN 8 GRAND VIEW DRIVE HOLMDEL NJ 07733	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	And the second of the second o	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition			
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption stated in ny signature shall have	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information we 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIC	3N	ΔΤ	116	RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR