FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995. . .**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 APR 14 PM 1:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100001457491
-04/17/95--01004--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **F94000003316 (6)**

1. Corporation Name
BRL HARDY (USA) INC.

Principal Place of Business	Mailing Address
4515 DALY DR., #H CHANTILLY VA 22021	4515 DALY DR., #H CHANTILLY VA 22021

3. Date Incorporated or Qualified: **06/23/1994**
3a. Date of Last Report:

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 County 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 County 30

4. FEI Number: **APPLIED FOR** 54-1700788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	MATTHEWS, HUGH T	12 NAME	Matthews, Hugh T	
STREET ADDRESS	12 RADIATA PLACE	13 STREET ADDRESS	10600 Hunter Station Rd	
CITY ST ZIP	ABERFOYLE PARK SA 5159 AUSTR	14 CITY ST ZIP	Vienna Va 22181	
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	MILLAR, STEPHEN	22 NAME		
STREET ADDRESS	14 CYGNET ST.	23 STREET ADDRESS		
CITY ST ZIP	NOVAR GARDENS SA 5040 AUSTRA	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DAVIES, STEPHEN	32 NAME		
STREET ADDRESS	REYNELL RD.	33 STREET ADDRESS		
CITY ST ZIP	REYNELLA SA 5156 AUSTRALIA	34 CITY ST ZIP		
TITLE		41 TITLE	Assist/Treas	☐ Change ☒ Addition
NAME		42 NAME	Gary L Anderson	
STREET ADDRESS		43 STREET ADDRESS	43800 Laburnum Sq	
CITY ST ZIP		44 CITY ST ZIP	Ashburn Va 22011	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	Treas	☐ Change ☐ Addition
NAME		62 NAME	Hlaytor	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hugh Matthews — April 6, 1995 — (703) 8680067
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0307878 FP