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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 1:02

DOCUMENT # F94000004655 (6)

1. Corporation Name
PEKAO TRADING CORPORATION

Principal Place of Business	Mailing Address
2 PARK AVE. NEW YORK NY 10016	2 PARK AVE. NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-5550113 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 required for printed name of Registered Agent and Title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	11 TITLE		☐ Change ☐ Addition
NAME	KROPIWNICKI, LESZEK	12 NAME		
STREET ADDRESS	7004 BOULEVARD EAST	13 STREET ADDRESS		
CITY-ST-ZIP	GUTTENBERG NJ 07093	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	V/S/D	☒ Change ☐ Addition
NAME	DACHMAN, ANDREZEJ	22 NAME	ANDRZEJ	
STREET ADDRESS	1649 FERNDALE	23 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL 60062	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	D	☒ Change ☐ Addition
NAME	SYSOL, THEODORE M ESQ	32 NAME		
STREET ADDRESS	40 CLAYDON RD.	33 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY 11430	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	V/T/D	☒ Change ☐ Addition
NAME	KURYLO, ANDREW O	42 NAME		
STREET ADDRESS	25 MCGUINNESS	43 STREET ADDRESS	25 McGUINNESS BLVD.	
CITY-ST-ZIP	BROOKLYN NY 11222	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
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 added to the report with an address.

SIGNATURE: [signature] ANDREW O. KURYLO - V.P. 01.12.1995 (212) 684-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0309710 FP