FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am F96000001371 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90092 049 ***150.00 SIG LOGISTICS, INC. Principal Place of Business Mailing Address 1630 PRIME CT 1630 PRIME CT STE 100 **STE 100** ORLANDO FL 32809 ORLANDO FL 32809 US 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 Applied For 4. FEI Number 36-4059083 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUTH & MILHAUSEN MILLER MILLER, SOUTH & DI MASI, P.A. Street Address (P.O. Box Number is Not Acceptable) %JEFFREY P. MILHAUSEN, ESQ. 2699 LEE RD., STE 120 **WINTER PARK FL 32789** City Zin Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named emit Shareholdel. 17-02. Milhou sew SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME HIYA, YASUO NAME 1630 PRIME COURT SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MATSUBAYASHI, SHOJIRO NAME STREET ADDRESS 1630 PRIME COURT, SUITE #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE-Delete -TITI F Change - - Addition-NAME NAME NOMUYA, YASUYUKI STREET ADDRESS STREET ADDRESS 1630 PRIME COURT, SUITE #100 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empty vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

like empowered.

YASUO HIVA