FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90239 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 9600000	04109				
Orica USA Inc	•				
DO NOT WRITE	IN THIS SF	PACE			
SIOI E. Quincy Ave. 3. Mailing Address 33 101 E. Quincy Ave. 33101 E. Quincy Ave. Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE		
City & State Watkins , CO	City & State Watkins	,Co	4. FEI Number 75-2661387	Applied For Not Applicable	
80137 USA	80137	Country		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		Name CS	Name CSC		
		Street Address (Street Address (P.O. Box Number is Not Acceptable) 1 201 Hays Street		
		CityTalla	hassee FL	Zip Code 32301	
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.					
SIGNATURE Signature, typed or printed name of registered agent al	nd iste if applicable (NO H	: Registered Agent Signature required	onen mentating) CATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 F After May 1, Fee Amended UBR Make Check Payable to D		UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND E		THILE		701)	
STREET ADDRESS CITY-ST-ZEP Donald O. Brinker BB101 E. Quincy Watkins Co	r Ave 80137	NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)	
TITLE NAME WILLIAM P. Brand, Jr NA SHRET ADDRESS BBJOLE. Quiney AUE. SIL		TITLE NAME STREET ADDRESS CITY- ST-ZIP		CRZE	
TITLE MAME Peter J. Watson SHIEL ADDRESS 33101 E. Quincy Ave ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
THE Charles W. Miller Ave STREET ADDRESS 38101 E. Quincy Ave S		TITLE NAME STREET ADDRESS CITY-ST-7IP	IN THIS SPAC	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-7IP			
TITLE NAME STREET ACORESS CITY-SI-ZP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empetitachment with an address, with all other tike em	owered to execute this report powered.	rt as required by Chapter 6	37. Florida Statutes: and that my name appear	tify that the information am an officer or director is in Block 11 or on an	