FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # F97000000127 1. Entity Name 04-23-2002 90438 033 ***158 OASIS TECHNOLOGY USA, INC. Principal Place of Business Mailing Address 2400 NORTH COMMERCE PKWY 2400 NORTH COMMERCE PKWY B0074768 SUITE 306 SUITE 306 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0716059 Not Applicable Country Zip 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this state for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MARCH 22, 2002 of registered agent and title This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition PCD NAME NAME DIMITRI, ASHRAF STREET ADDRESS STREET ADDRESS 5 DUMAURIER BLVD SUITE 422 CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA MANIVA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME BRADY, JOANNE 42 TEDDINGTON PARK AVE MAN 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA M4N2V-3 TITLE ☐ Delete TITLE Change ☐ Addition TD NAME NAME SIU. SUNNY STREET ADDRESS STREET ADDRESS 27 GUILDFORD CIRCLE CITY-ST-ZIE CITY-ST-ZIP UNIONVILLE ONTARIO CANADA L3R 05 🗢 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

TO ANNE BRADY, OFFICER MAR, 22, 2002 416-228-8020 Date Dayline Phone # SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 empowered to receive 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.