of the corporation or the receiver changed, or on an attachment

SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2002 8:00 am Secretary of State DOCUMENT # F97000001818 1. Entity Name 04-28-2002 90776 040 ***150.00 NORSTAR INVESTMENT USA, INC. Mailing Address Principal Place of Business 621 COWBOYS PKWY., SUITE 200 621 COWBOYS PKWY.. SUITE 200 IRVING TX 75063 IRVING TX 75063 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 16-1494436 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDERSON, THOMAS N III Street Address (P.O. Box Number is Not Acceptable) HILL WARD & HENDERSON PA 101 E. KENNEDY BLVD. Zip Code City **TAMPA FL 33602** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE □ Delete TITLE PDT NAME NAME SILVER, GARY B STREET ADDRESS 2180 STEELES AVENUE WEST, SUITE 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONCORD, ONTARIO L4K 2Z5 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SDC NAME NAME BROWN, NEIL STREET ADDRESS STREET ADDRESS 2180 STEELES AVENUE WEST, SUITE 305 CITY-ST-ZIP CITY-ST-ZIP CONCORD, ONTARIO L4K 2Z5 Change ☐ Addition Delete TITLE TITLE NAME NAME HIGGINS, RICHARD L STREET ADDRESS STREET ADDRESS R.D. 1, BOX 196 CITY-ST-ZIP CITY-ST-ZIP BUSKIRK NY 12028 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP red with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information such indicated on this report or supplemy

other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #