| 2000  | UNI  | FORM BUSI   | NESS REPO   | RT   | (UBI   | R) Ž   |   | APP                  | HOVE        | i ' ' '          |             |                         |  |
|---|--|---|---|--|--|--|---|----------------------|-------------|------------------|-------------|-------------------------|--|
| DOCUMENT # F9700002429  1. Entity Name SEA TRADE INTERNATIONAL, INC.                    |  |   |   |  |  |  |   | Ļ                    | NED<br>ILED |                  |             |                         |  |
|   |  |   |   |  |  |  | 00 AUG 29 PM 3: 52  |                      |             |                  |             |                         |  |
| Principal Place of Business Mailing Address   |  |   |   |  | _  |  |   | SECRETAR             | RY OF S     | STATE            |             |                         |  |
| 100 LIGHTING<br>SEACAUCUS N   |  | LOOR  | DIANE MATTIS, GARVEY, SCHUBERT & BARER<br>1191 SECOND AVENUE, SUITE 1800<br>SEATTLE WA 98101-2939 |  |  | R  | Ť.  | SECRETAR<br>ALLAHAS: | SEE, FL     | ACIIRO           |             |                         |  |
| 2. Principal Pl   | lace of Busir                              | ness  | 3. Mailing Address  |  |  |  |   |                      |             |                  |             |                         |  |
| Suite, Apt.   | #, etc.                                    | ****  | Suite, Apt. #, etc.   |  |  |  |   | DO NOT W             | R!TE IN TH  | IIS SPACE        |             |                         |  |
| City & State  |  |   | City & State  |  |  | 4.   | FEI Number  | 52-1914              | 409         | -                | <del></del> | plied For<br>Applicable |  |
| Zip   | Zip Country                                |   | Zip   | Country  |  | 5.   | Certificate of S  | Status Desirec       |             | \$8.75<br>Fee Re | Addi        | itional                 |  |
| 6. Name and Address of Current Registered Agent   |  |   |   |  |  | 7. Name and Address of New Registered Agent Name |   |                      |             |                  |             |                         |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525            |  |   |   |  | Street Address (P.O. Box Number is Not Acceptable) |  |   |                      |             |                  |             |                         |  |
| 8. The above named entity submits this statement for the purpose of changing its regist |  |   |   |  |  | City FL Zip Code                                 |   |                      |             |                  |             |                         |  |
| SIGNATURE _   |  |   |   |  |  |  |   | Tine State of        | DAT         |                  |             |                         |  |
|   | Signature, typed                           | or printed name of registered agent as              | nd title if applicable. (NOTE:  | Hegistere  | ed Agent signati                                   | ure required when                                | reinstating)  |                      | DAI         | E                |             |                         |  |
| Tax filing re   | _  | ible to satisfy its Intangible and elects to do so. | After SEPTEMBER 13  | FILE NOW!!! FEE IS \$550.00 PTEMBER 13, 2000 Min. will be \$750 Sheck Payable to Department of Sta |  |  | te Trust Fund Contribution. Added to Fees                                 |                      |             |                  |             | to Fees                 |  |
| 11.   | DIRECTORS                                  | 12.   |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  |  |  |   |                      |             |                  |             |                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | KNAPP, JOHN<br>100 LIGHTING WAY, 4TH FLOOR |   |   |  |  | 100 L  | □ Change ☑ Addition<br>In Xiaomin<br>Lighting Way, 4th Floor<br>Laucus NJ |                      |             |                  |             |                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |   |  |  | Senio<br>John<br>100 L                           |   |                      |             |                  |             | ☐ Addition              |  |
| TITLE<br>NAME   | CD Delete                                  |   |   | TITL<br>NAM  |  | S/T/D  |   |                      |             | Addition         |             |                         |  |

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 execute 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.

STREET ADDRESS

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OHN KNAPP

SIGNATURE:

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CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS 100 LIGHTING WAY, 4TH FLOOR

100 LIGHTING WAY, 4TH FLOOR

100 LIGHTING WAY, 4TH FLOOR

SECAUCUS NJ

QIMING, SONG

SECAUCUS NJ

BING, ZHANG

SECAUCUS NJ

PD

SCHATURE REQUIRED SIGNATURE DE SIGNATURE DE

8/9/00 1201/4228890

100 Lighting Way, 4th Floor

900003391769---09/13/00--01065--029

\*\*\*\*550,00

Secaucus, NJ

Daytime Phone #

Change

☐ Change

<u>\*\*\*\*550.00</u>

■ Addition

Addition