SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9700003501 Mar 03, 2000 8:00 am **Secretary of State** KSC (BAHAMAS) INC. 03-03-2000 90271 037 ***150.00 Principal Place of Business Mailing Address % JANE E. LAMBERSON, C.P.A. % JANE E. LAMBERSON, C.P.A. 4501 NO. TAMIAMI TR., STE. 204 4501 NO. TAMIAMI TR., STE, 204 NAPLES FL 34103 NAPLES FL 34103-3018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 78-0169 772 Applied For City & State City & State Not Applicable \$8.75 Additional 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 LAMBERSON, JANE E CPA Street Address (P.O. Box Number is Not Acceptable) 4501 NO. TAMIAMI TR., STE. 204 NAPLES FL 34103 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12. 11. ☐ Addition TITLE **CPST** ☐ Delete TITLE Change NAME STEINHAUER, KLAUS NAME STREET ADDRESS STREET ADDRESS SPIESERGASSE 7 CITY-ST-ZIP CITY-ST-ZIP 50670 KOELN, GERMANY ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 with_all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #