2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # F98000001584 02-27-2004 90013 029 ***150.00 1. Entity Name ROCHE MINING (MT) USA INC. Principal Place of Business Mailing Address 66406852 24 CATHEDRAL PLACE 24 CATHEDRAL PLACE SAINT AUGUSTINE FL 32084 SAINT AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 49-1259688 Not Applicable \$8.75 Additional Zip 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 Nama CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bolh, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \Box Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change □ Addition ☐ Defete TITLE WAINIO, FREDRICK J JR. NAME NAME STREET ADDRESS 120 ST RD 312 W STE 1 STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE LOGAN, ROBERT A NAME STREET ADORESS STREET ADDRESS 70 VICTORIA AVE CHELMERBRISBANE, OLDAUSTRALIA 4068 CITY-ST-ZIP CITY - \$1 - 24P Change Addition ☐ Delete TITLE TITLE MAME NAME HEANEY, GREGORY J STREET ADDRESS STREET ADDRESS 30 MARINER CT CITY-ST-ZIP-CITY-ST-78P SCARBOROUGH, OLDAUSTRALIA 4020 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP Change ☐ Addition MLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change Addition ☐ Delete TITLE TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. FREDRICK JWAINIOTR SIGNATURE:

FILED Mar 19, 2004 8:00 am

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