2001 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # F9900000283 1. Entity Name HTS SERVICES, INC. 04-18-2001 90266 001 ***150 00 04-18-2001 90266 002 *****8.75 Mailing Address Principal Place of Business 10936 NORTH 36 STREET 10936 NORTH 36 STREET TAMPA FL 33617 **TAMPA FL 33617** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ▲ Applied For 4. FEI Number City & State City & State 76-0539484 Not Applicable \$8.75 Additional Country - − Country - --Zip-- · Ŕ. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORSI, TAREK Street Address (P.O. Box Number is Not Acceptable) 10936 NORTH 36 STREET **TAMPA FL 33617** 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 (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition PCD ☐ Delete TITLE TITLE MOrSI, Tarek MORSI, TAREK NAME NAME 741704 14018 HAMSTEAD COURT #418 STREET ADDRESS P.O.BOX STREET ADDRESS 77014 CITY-ST-ZIP HOUSTON CITY-ST-ZIP **TAMPA FL 33613** Change ☐ Addition TITLE ☐ Delete TITLE MORSE / Talk MORSI, TAREK NAME NAME STREET ADDRESS 14018 HAMSTEAD COURT #418 STREET ADDRESS CITY-ST-ZIP `CTY-ST-ZIP ^ TAMPA FL 33613 ☐ Addition Change TITLE □ Delete TITLE MORSI, HANA NAME NAME 14018 HAMSTEAD COURT #418 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete 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

13. I hereby certify that the information supplied with this filling 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 a laddress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

SIGNATURE:

changed, or on an attachment with

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