2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # F9900001010 1. Entity Name PARAGON HOLDINGS INC. 05-16-2000 90066 041 ***150.00 Principal Place of Business Mailing Address 1500. 407 2ND ST. SW 1500. 407 2ND ST. SW CALGARY, ALBERTA CALGARY, ALBERTA 60031777 CANADA T2P 2Y3 CANADA T2P 2Y3 2. Principal Place of Business 3. Mailing Address 1270, 144 - 4 Ave. SW 1270. 144 - 4 Ave. SW Suite, Apt. #, etc. -Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number APPLIED FOR 59.3588095 Calgary, Calgary, AB Not Applicable -Zip T2P 3N4 Country Zip T2P 3N4 Country \$8.75 Additional 5. Certificate of Status Desired Canada Canada Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Change ☐ Addition CR2E034 (9/99 TITLE Delete TITLE NAME ROCKSTEIN, DAVID NAME STREET ADDRESS 2728 18 STREET NE, CALGARY, ALBERTA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANADA T2E 7K5 Addition Delete ☐ Change TITLE CORMIE, R. GORDON NAME STREET ADDRESS STREET ADDRESS 1500, 407 2ND ST. SW CITY-ST-ZIE CITY-ST-ZIP Canada T2P 2Y3 ☐ Change Addition TITLE ☐ Delete 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-ZIE Delete ☐ Change Addition TITLE TITLE NAME NAME

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 supplication that I am an 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 intrusive 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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

David Rockstein

Delete

17/04/00 (727)299-9731

Dat

Daytime Phone #

☐ Change

☐ Addition