2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900001132 Mar 17, 2000 8:00 am **Secretary of State** IBG TECHNOLOGY COMPANY 03-17-2000 90013 032 ***150.00 Mailing Address Principal Place of Business 17 FLAMINGO COURT 17 FLAMINGO COURT PALM COAST FL 32137-1400 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59- 35 62489 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name MEDNIKOVA, IRAIDA Street Address (P.O. Box Number is Not Acceptable) 17 FLAMINGO COURT PALM COAST FL 32137 Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE VALERY, BARHTINE NAME NAME PROSPECT POBEDY 155-149 STREET ADDRESS STREET ADDRESS CITY ST-7/P CITY-ST-ZIP CHELYABINSKY RUSSIA Change Addition ☐ Delete TITLE YELENA, ABAIMOVA NAME NAME STREET ADDRESS UC TIMIRYAZEVA 33-20 STREET ADDRESS CITY-ST-ZIP CHELYABINSKY RUSSIA CITY-ST-ZIP Detete Change - Addition TITLE NAME IRINA, EVLAMPIEVA STREET ADDRESS UL BRATYEU KASHIRYNY 114-61 STREET ADDRESS CHELYABINSK RUSSIA CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete MEDNIKOVA, IRAIDA NAME 17 FLAMINGO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

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 amattachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE X I Meds

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (404) 447-3213

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