## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9900002177 Sep 13, 2000 8:00 am Secretary of State ECU INTERNATIONAL NV. INC. 09-13-2000 90049 015 \*\*\*550.00 Principal Place of Business Mailing Address SCHOVWKENSSTRAAT 1. SCHOVWKENSSTRAAT 1. 2030 ANTWERP BELGIUM 2030 ANTWERP BELGIUM 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CD ☐ Delete Change Addition TITLE RAYMOND, VAN A NAME STREET ADDRESS WESTMOER 49. WOMMELGEM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELGIUM** TITLE Delete TITLE Change ☐ Addition NAME MARC, VAN L NAME STREET ADDRESS **OLMENLAAN 38, STABROEK** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELGIUM** Change ☐ Addition TITLE ☐ Delete TITLE 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 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and trailing signature of the corporation or the receiver or trustee employered to execute this report as required to stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director have 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if quired by changed, or on an attachment with an address SIGNATURE Date / Daytime Phone #