2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002302 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name SUMMIT TRADING, INC. 04-24-2000 90132 037 ***150.00 Principal Place of Business Mailing Address 5850 SAN FELIPE. STE 111 5850 SAN FELIPE. STE 111 HOUSTON TX 77057-3012 HOUSTON TX 77057 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 76-0340131 Not Applicable \$8.75 Additional Zip Country 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 Kaczmarc zy POLITE, NELSON Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE., STE 2970 ORLANDO FL 32801 3280 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 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, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ASSI. Secretary | ASSI. Treas. Addition ☐ Change TITLE ☐ Delete TITLE van Pelt, Norman SUNSHINE, WILLIAM N NAME NAME 5850 San Felipe Ave., Stell 5850 SAN FELIPE AVE., STE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Houston, Tx. 77057 CITY-ST-ZIP **HOUSTON TX** ☐ Change Addition ☐ Delete TITLE TITLE SROPICROP HAMILTON, ERNEST G NAME NAME Bianco, Jonathan C. 5850 SAN FELIPE AVE., STE 111 STREET ADDRESS STREET ADDRESS 3340 Peachtree Rd. NE, Ste 1965 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Atlanta, CA 30326 ☐ Change Addition Delete TITLE · 5., * Gordon, Dennis T.L. NAME NAME STREET ADDRESS 5850 San Felipe Ave. Stell STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Houston, Tx. 77057 Change ☐ Addition □ Delete TITLE 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 Addition ☐ Change ☐ Delete TITLE TITLE

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 emporered 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 attachor

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP