(9/01)

2002 Uniform Business Report (UBR)

changed, or on an attachr

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State F9900005870 DOCUMENT # 1. Entity Name GRUBARGES MANAGEMENT USA, INC. 04-01-2002 90173 035 ***150.00 Principal Place of Business Mailing Address 2121 P STREET, N.W. 2121 P STREET, N.W. WASHINGTON DC 20037 WASHINGTON DC 20037 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 52-2200140 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above name or the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NIETO, MIGUEL B NAME NAME STREET ADDRESS 2121 P STREET, N.W. STREET ADDRESS WASHINGTON DC 20037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change SCOTT, CHARLES W NAME NAME 2121 P STREET, N.W. STREET ADDRESS STREET ADDRESS WASHINGTON DC 20037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANCHEZ, ALVARO A NAME NAME STREET ADDRESS 2121 P STREET, N.W. STREET ADDRESS WASHINGTON DC 20037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DE PONGA, JESUS GARCIA NAME 2121 P STREET, N.W. STREET ADDRESS STREET ADDRESS **WASHINGTON DC 20037** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 的证据复数1804.20。 CITY-ST-ZIP CITY-ST-ZIP CARTON CONTROL TITLE Delete ☐ Change ☐ Addition ecoll chartes t NAME STREET ADDRESS STREET ADDRESS AND INGREDITION OF THE CITY-ST-ZIP CITY-ST-ZIP 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 true the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FICER OR DIRECTOR