2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H49317 1. Entity Name LAMMS CHINA, INC.

FILED Feb 08, 2001 8:00 am Secretary of State 02-08-2001 90163 014 ***150.00

Principal Place	e of Business	Mailing Address C/O ANNE A. MEYER 3901 SE ST. LUCIE BLVD #52 STUART FL 34997										
C/O ANNE A. M 3901 SE ST. LU STUART FL 349	CIE BLVD., #52					1 100(B)(S)((S		PI #1821 #1311	1011 91 1 12 011	II 878I) ISB)		
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	49-2521140	1.3	_ 	plied For]	
Zip Country		Zip	ry	5.	Certificate of S	Status Desired		Not Applicable 88.75 Additional				
						7. Name and Address of New Registered Agent					┨	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name							
	ER, ANNE A.	<u> </u>	ļ	Street Address (P.O. Box Number is Not Acceptable)					. <u>.</u>		1	
3901 SE ST. LUCIE BLVD. #52												
	ART FL 33494		City	у			Zip Code			1		
											┨	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	registered a	gent, or both, i	n the State of Florid	da.				
SIGNATURE .		400		4 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			<u> </u>	DATE				
	Signature, typed or printed name of registered agent ar	id title if applicable. (NOTE	:: Hegisteret	1 Agent signatur	e required when	Tellistating)		DAIL			ł	
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S			50.00		on Campaign Finar Fund Contribution.	ncing		May Be I to Fees		
11. OFFICERS AND I		IRECTORS 12.			A	DDITIONS/CH	ANGES TO OFFIC	ERS AND D	RECTOR	S IN 11	1_	
TITLE	D	☐ Delete	TITLE					[Change	Addition	10/00/	
NAME	MEYER, SUE M.		NAM									
STREET ADDRESS CITY-ST-ZIP	3901 SE ST. LUCIE BLVD.			ET ADDRESS -ST-ZIP							F034	
TITLE	STUART FL D	☐ Delete	TITLE	+	10 K	JER I	WILLIAM	A	Change	Addition	ä	
NAME	MEYER, WILLIAM A.	NA DOLOTE		E	ALL	IER WILLIAM A Change Addition BRUNDAGE RIDGE					-	
STREET ADDRESS	26 BIRCH DRIVE	Cit		TREET ADDRESS 10		EDFORD N.Y. 10506						
CITY-ST-ZIP	MT. KISCO NY			·	DED	PORD	<u> </u>			Addition	-	
TITLE	D DANNE A	☐ Delete	TITLE NAM!				·	l	Change	☐ Addition		
NAME STREET ADDRESS	MEYER, JOANNE A. -RUSSEL-AVE:, P.O. BOX 55			ET ADORESS							{	
CITY-ST-ZIP	RHINECLIFF NY	- Carrie Carrier	CITY	-ST-ZIP 💝 🍷	-		بالار فيسهوونان	سعمت ،	 _		┨_	
TITLE	D	☐ Delete	TITLE						Change	☐ Addition	-	
NAME	MEYER, LAURA R		NAM									
STREET ADDRESS	353 VERPLANCK AVE			ET ADDRESS								
CITY-ST-ZIP	BEACON NY 12508	·	_	-ST-ZIP						- Addition	┨	
TITLE	D MAROARET O	☐ Delete	TITLE						Change	☐ Addition		
NAME STREET ADDRESS	MEYER, MARGARET C.		NAM STRE	ET ADDRESS	•							
CITY-ST-ZIP	136 Deann St. Coppell TX			-ST-ZIP							İ	
TITLE	DP DP	☐ Delete	TITLE				 		☐ Change	☐ Addition	1	
NAME	MEYER, ANNE A.	₩ Delete	NAM	I					- •	•		
STREET ADDRESS	3901 SE ST. LUCIE BLVD.		STRE	ET ADDRESS							1	
CITY-ST-ZIP	STUART FL		CITY	-\$T-ZIP							1	
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify fo true and accurate and that r	r the exe	mption state ture shall he	ed in Section	n 119.07(3)(i), l e legal effect a	Florida Statutes. I f s if made under oa	urther certifuth, that I ar	y that the in an officer	nformation or director		

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 of 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 an attachment with an address, with all other like empowered.

ANNE A. MEYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PEFICER OR DIRECTOR

Freb, 5, 2001 561-287-7272

Date Destine Phone #