2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H61082 1. Entity Name MONTENAY POWER CORP. Principal Place of Business Mailing Address 3225 AVIATION AVENUE 3225 AVIATION AVENUE 4TH FLOOR 4TH FLOOR MIAMI FL 33133 MIAM! FL 33133 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2540394 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Regist Name NATIONAL CORPORATE RESEARCH, LTD. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 City 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

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90049 022 ***150.00



DO NOT WRITE IN THIS SPACE

Fee Required						
ered Agent						

Zip Code

\$8.75 Additional

Applied For

Not Applicable

Signature, typed or printed name o	fregistered agent and tit	le if applicable.	(NOTE: Registered Agent signature required when r	reinstating)	DATE
9. This corporation is eligible to satisfy Tax filing requirement and elects to		After M.	NOW!!! FEE IS \$150.00 AY 1, 2001 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing
(See criteria on back)	L. I. I.	Make Chec	k Pavable to Denartment of State		

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		IN 11
TITLE	DST	Delete	TITLE	Dir, Pres.	☆ Change	Addition
NAME	DE SAINT-QUENTIN, AXEL		NAME	Stephen S. Passage		
STREET ADDRESS	3225 AVIATION AVE 4TH FL		STREET ADDRESS	3225 Aviation Ave., 4th Floo	r	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Miami FL 33133		
TITLE	V	Delete	TITLE	Dir, VP, Tr, AsstSec.	☐ Change	✓Addition
NAME	SKOPP, FREDRIC M		NAME	Thomas Murphy		
STREET ADDRESS	3225 AVIATION AVE 4TH FL		STREET ADDRESS	3225 Aviation Ave., 4th Flo	or	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Miami FL 33133		
TITLE	VD)	Delete	TITLE	Dir, VP	☐ Change	Addition
NAME	PASSAGE, STEPHEN S	•	NAME	Yoon Chae		
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	1	STREET ADDRESS	3225 Aviation Ave., 4th Flo	oor	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33133		
TITLE	VD 2	Delete	TITLE	VP	Change	Addition
NAME	MORTON, THOMAS A R		NAME	Thomas A.R. Morton		
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		STREET ADDRESS	3225 Aviation Ave., 4th Fl	oor	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33133		
TITLE	V	Delete	TITLE	VP	☐ Change	Addition
NAME	TOWNSEND, STEVE H	`	NAME	Chris Neu		
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		STREET ADDRESS	3225 Aviation Ave., 4th Flo	oor	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33133		
TITLE	V	☐ Delete	TITLE	VP,S		Addition
NAME	GILBERT, BENJAMIN		NAME	Fredric M. Skopp		
STREET ADDRESS	3225 AVIATION AVE 4 FLOOR		STREET ADDRESS	3225 Aviation Ave., 4th Fl	oor	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Miami FL 33133		

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 accorded 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 trusted 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.

SIGNATURE:

Institue (BUSE CRISTINA C SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONDE