DOCUMENT # K43440 1. Entity Name INTUS HOLDING A.G., INC.				FILED Feb 14, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address			-14-2000 90176 04		
240 CRANDON BLVD. SUITE 1507 2/2 KEY BISCAYNE FL 33149 US		240 CRANDON BLVD. SUITE # 2/2 KEY BISCAYNE FL 33149-1543 US		1	PIGGG 1:11/1 G1827 G1811 D611 D1811	1 ALBEL STATE BESTE STE	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE	
City & State		City & State		4. FEI Number	65-0082103	ţ ‡ .	 oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered:Agent.		7.≂Name and Ad	dress of New Register	ed Agent	<u> </u>
240 SUIT	ie, H. J Crandon Blvd. Te 202 Biscayne Fl 33149		Street Address City	s (P.O. Box Number is		■L Zip Cod	
SIGNATURE . 9. This corporate factoring r	named entity submits this statement for Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible equirement and elects to do so.	and title if applicable. (NO FILE NOW After MAY 1, 2	TE: Registered Agent signature requirements of State of S	red when reinstating) 10. Electic Trust F	DAT on Campaign Financing fund Contribution.	\$5.0	00 May Be
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHARENBERG, FRITZ E 101 CRANDON BLVD., STE. 175 KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIEVE, JOSEPH H 240 CRANDON BLVD.,#202 KEY BISCAYNE FL 33149	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	16116	ice faisings		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	CE PRESIDE LEV BLAS O CRANBO CY BISCA	NO BLUM #21 1 NR FLA 3	Change 2 3/44	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		<u>`</u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empi or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature shall have the t as required by Chapter 6	e same legal effect as	if made under oath; tha	it I am an officer	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

JAN 12 2000

305361-2747