4/7/

FILED
May 27, 2003 8:00 am
Secretary of State
04-07-2003 90615 050 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008845

1. Entity Name
SIGLAM RESINS LLC
DOCUMENT NUMBER: L01000008845

44002342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 International Pkwy	801 International Pkwy
Suite, Apt. #, etc.: 5th Floor	Suite, Apt. #, etc.: 5th Floor
City & State: Lake Mary	City & State: Lake Mary
Zip: FL 32746 Country: U.S.A.	Zip: FL 32746 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651108241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bob Varma Esq, Varma Associates

Street Address (P.O. Box Number is Not Acceptable): 601 Crown Oak Center Drive

City: Longwood FL Zip Code: 32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/30/03
Signature of person named as registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	John Winnik
STREET ADDRESS	801 International Pkwy 5th Fl
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	Technical Manager
NAME	Andreas Peter Galac
STREET ADDRESS	801 International Pkwy 5th Fl
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
TITLE	IN THIS SPACE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3-31-2003 4076884632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #