

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90046 017 \*\*\*\*50.00

0036161

**DOCUMENT # L01000022788**

1. Entity Name  
**PAN GERMINAL SYSTEMS USA, L. L. C.**



Principal Place of Business      Mailing Address

**3001 EASTLAND BLVD., SUITE 6B  
CLEARWATER FL 33761**      **2519 N. MCMULLEN BOOTH ROAD  
510-346  
CLEARWATER FL 33761**

2. Principal Place of Business      3. Mailing Address

**3001 EASTLAND BLVD**      Suite, Apt. #, etc.

**SUITE 1**      Suite, Apt. #, etc.

City & State      City & State

**CLEARWATER, FL**      City & State

Zip      Country      Zip      Country

**33761**      **FLORIDA**      Zip      Country

4. FEI Number      Applied For

**80-0023228**      Not Applicable

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

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6. Name and Address of Current Registered Agent

**BELISLE, CAROL  
3001 EASTLAND BLVD., SUITE 6B  
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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: *Carol J. Belisle*      DATE: **5-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BELISLE, CAROL 3001 EASTLAND BLVD., SUITE 6B CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MULHOLLAND, R. STEPHEN 66 AVENUE ROAD, SUITE FOUR, TORONTO ONTARIO, CANADA M5R 3N8</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required*      DATE: **5-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)