FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2002 8:00 am Secretary of State DOCUMENT # L77616 1. Entity Name 06-05-2002 90415 017 ***150.00 PELICAN PROPERTIES, INTERNATIONAL CORP. Principal Place of Business Mailing Address 2-FENWICK ROAD P.O. BOX 3472 SUITE 100 HAMPTON VA 23663 FORT MONROE VA 23651 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 Applied For 65-0616879 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUTTER, GORHAM Street Address (P.O. Box Number is Not Acceptable) 517 SPRINGCREEK DRIVE LONGWOOD FL 32779 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) NAME KNORR, JOHN C JR NAME STREET ADDRESS 104 WOODHALL DRIVE STREET ADDRESS CITY-ST-7/P RICHMOND VA 23229 CITY-ST-ZIP ☐ Delete TITLE COO ☐ Addition ☐ Change NAME ROESING, NATHAN A NAME STREET ADDRESS STREET ADDRESS 124 TROTWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP **CANONSBURG PA 15317** TITLE ☐ Delete TITLE Change ☐ Addition NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accurate 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 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 ather like empowered.

SIGNATURE: 5

5/1/02

Daytime Phone #