FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L9700000311 1. Entity Name-04-22-2002 90157 046 ****50.00 MANAVE L.C. Principal Place of Business Mailing Address 2106 BISPHAM ROAD 2106 BISPHAM ROAD SUITE B SUITE B SARASOTA FL 34231 SARASOTA FL 34231 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 65-0733252 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD SUITE 1 SARASOTA FL 34236 City Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Ending Holdings Inc MEM TITLE TITLE ☐ Delete ☐ Change Addition NAME 891157 ONTARIO INC. NAME 158 Warren Rd STREET ADDRESS 253 ROBINA ROAD STREET ADDRESS CITY-ST-ZIP Toronto, Ontario, Canada ANCASTER, ONTARIO L9G 2L6 CITY-ST-ZIP TITLE MFM ☐ Delete Change ☐ Addition NAME **BALSALM L. CORPORATION** NAME STREET ADDRESS 95 ST CLAIR AVE W. #1605 STREET ADDRESS CITY-ST-7IP TORONTO, ONTARIO M4V 1N6 CITY-ST-ZIP TITLE MEM Delete TITLE Change ☐ Addition NAME **RAWEC HOLDINGS LIMITED** NAME STREET ADDRESS 5500 DIXIE ROAD, BOX E STREET ADDRESS CITY-ST-ZIP MISSISSUAGO, ONTARIO L4W 4N3 CITY-ST-ZIP MEM TITLE ☐ Delete TITLE Change ☐ Addition NAME SANVIN, INC. NAME STREET ADDRESS **46 N WAHINGTON BLVD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Delete TITLE Change ☐ Addition SACKVILLE HOLDINGS, INC. NAME NAME STREET ADDRESS ONE FIRST CANADIAN PLACE, #5600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONTARIO M5X 1E5 ☐ Delete TITLE Change T Addition

11. Thereby 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 empoyee do expeute his report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

994362 ONTARIO LIMITED

DON MILLS, ONTARIO M3A 3C9

60 LAURENTIDE DRIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #