| Pile of | or before | May 1, 19 | 9 <u>8 or</u> Lin | nited | Liability Com | pany wiil be | | | | |
|--|--------------------|--|-------------------|--|-------------------------------|---|--|------------------------------|---|-----|
| LIMITE | D LIAB II ANNUA | | | O | G PA Sectorary | OF 9 6 | POLVISION OR ADI | FILED ETARY OF OF CORP | STATE ORATIONS | |
| • 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | | JO HE | R30 PM | 4: 34 | |
| \$ 188 | .75 Ma | ke Check Pa | yable To: F | LORIE | A DEPARTMEN | T OF STATE | [| | | į |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT | | | | | # L970000 | 00769 | | | | |
| DRANT INTERNATIONAL LLC P.O. 28 TOWER ST. RAMSE IM IM99 4AN | | | | | Y ISLE OF | MAN | P.O. 28 TOWER ST., RAMSEY IS IM IM99 4AN | | | |
| 2: Principal Place of Business | | | | | Address | | 3. Date Organize | ed or Qualified | 3a. State of Formation | ┥ |
| Suita Ant 4 min | | | | Suite, Apt. #, etc. | | | 07/15/1997 FL | | | |
| Suite, Apt. #, etc. | | | To | Tower STREET | | | 4. FEI Number | | Applied For | |
| City & State | | | | City & State RAMSEY, JOLEOF MAN | | | 1 | | Not Applica | bie |
| Zip | Country | | Zip | | Count | | 5. Date of Last Report | | 6. Certificate of Status Desire \$8.75 Additional Fee Required | ∌d |
| 7. Name and Address of Current Registered | | | | | | | | of New Regis | tered Agent/Office | _ |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 | | | | | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | |
| | | | | | City | | | FL | Zip Code | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | | | | | | |
| SIGNATU | IRE | (Repeated Appe | Acceptage Appoint | monty (NC | TF: Registered Agent signatur | a required when reinstaling | 1 | DATE | | _ |
| 10. Title | | | | comment) (NOTF: Registered Agent signature required when reinstatin Business Street Address | | | City, State and Zip Code | | | |
| MGR | GRASSICK, JAMES W | | | | LA COLLINETTE, | | | SARK, | CHANNEL ISLAN | D |
| MGR | CROSHAW, PHILIP M | | | 1 | THE AVENUE | | | SARK, | CHANNEL ISLAN | מו |
| | | | | - { | 1000025069716 | | | | | |
| | | | | | | | | | | |
| , | | | | | | MK | 30/9 | | | |
| indicated of limited liab | on this annual re | eport is true and a or the receiver or to | accurate and the | at my sig | nature shall have the | same legal effect as | if made under oath | ; that I am a mar | I further certify that the informati naging member or manager of t ame appears in Block 10, or on | he |

SIGNATURE AND TYPLD OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R (12-97)

Date

Daylime Phone #

97000000 769

ACCOUNT NO. : 072100000032

REFERENCE :

786943

11361A

AUTHORIZATION

\$ 188.75

COST LIMIT :

ORDER DATE: April 18, 1998

ORDER TIME: 10:32 AM

ORDER NO. : 786943-025

CUSTOMER NO:

11361A

CUSTOMER:

Ms. Teresa Swift

Overseas Company Registration Companies House, P.o. Box 28

Tower Street, Ramsey Isle Of Man, UK IM81JA

ANNUAL REPORT FILING

NAME:

DRANT INTERNATIONAL LC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBORAH SCHRODER

EXAMINER'S INITIALS: