FILED

Jun 25, 2003 8:00 am

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # M0100000394 06-25-2003 90069 001 ***100.00 SAMSUNG TELECOMMUNICATIONS AMERICA GENERAL, L.L. Principal Place of Business Mailing Address 1130 E. ARAPAHO ROAD 1130 E. ARAPAHO ROAD RICHARDSON TX 75081 RICHARDSON TX 75081 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 75-2910864 Not Applicable Zip Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Addition TITLE TITLE Delete ☐ Change OH, DONG-JIN NAME NAME STREET ADDRESS 105 CHALLENGER ROAD, 7TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGEFIELD PARK NJ 07660 MGR ☐ Addition ☐ Delete TITLE ☐ Change TITLE KIM. JEONG HAN NAME NAME STREET ADDRESS 1130 E. ARAPAHO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHARDSON TX 75081 MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition AN, MYUNG-UK NAME NAME STREET ADDRESS 1130 E. ARAPAHO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RICHARDSON TX 75081** Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE : Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 cath; 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 AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF

6-11-03

972-761-7072

Daytime Phone i