

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90598 042 \*\*\*\*55.00

DOCUMENT # M0100Q001337

1. Entity Name

CIG INTERNATIONAL, LLC

**DO NOT WRITE IN THIS SPACE**

958359

2. Principal Place of Business  
222 W. Comstock Ave.

3. Mailing Address  
222 W. Comstock Ave.

Suite, Apt. #, etc.  
#112

Suite, Apt. #, etc.  
#112

DO NOT WRITE IN THIS SPACE

City & State  
Winter Park

City & State  
Winter Park

4. FEI Number  
52-2125607

Applied For  
Not Applicable

Zip 32789 Country USA

Zip 32789 Country USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Therese M. Taylor

Street Address (P.O. Box Number is Not Acceptable)  
318 Park North Court

City Winter Park FL Zip Code 32789

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

Vice President

02-26-02

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Thomas C. Crouse 1350 Conn.Ave.,NW,#1250,Wash,DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jon P. Abbett 1350 Conn.Ave.,NW,#1250,Wash.,DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Kashiyo Enokido 1350 Conn.Ave.,NW,#1250,Wash,DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Motoharu Iue 1350 Conn.Ave.,NW,#1250,Wash,DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Koji Honda 1350 Conn.Ave.,NW,#1250,Wash,DC 20036
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**DO NOT WRITE  
IN THIS SPACE**

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

2-27-02 202 893-8888

Date

Daytime Phone #

CR2E063B (12/01)