Aug 29, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M01000001722 07-30-2002 90001 035 \*\*\*\*50.00 1. Entity Name SIAM (USA) LLC Principal Piace of Business Mailing Address 201 East pine street. Suite 600 201 EAST PINE STREET. SUITE 600 98598 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 605 Crescent Executive 605 Crescent Executive Suite, Apt. #, etc. Court Suite 416 Suite, Apt. #, etc. Court Suite 416 DO NOT WRITE IN THIS SPACE City & State City & State Lake Mary, FL Applied For Lake Märy, FL 59-3730118 Not Applicable 32746 Country <sup>Zip</sup>32746 \$5.00 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORA, TOM Jayme Colter 201 EAST PINE STREET, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) 505 Crescent Executive Court #416 ORLANDO FL 32801 Lake Mary 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 SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 Ω. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE (2) Defete TITLE MGR Change Addition FLORA, TOM NAME NAME JAYME COLTER STREET ADDRESS 201 EAST PINE STREET, SUITE 600 STREET ADDRESS 605 CRESCENT EXECUTIVE COURT CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP LAKE MARY, FL 32746 MGR Delete TITLE Change SENTINEL INTERNATIONAL ASSET MGMT. LTD. MGR NAME MAME SENTINEL INTERNATIONAL ASSET MGMT. **GOODMAN'S BAY CORPORATE CENTER** STREET ADDRESS STREET ADDRESS CITY-ST-7P BRITISH COLONIAL CENTRE OF COMMERCE NASSAU, NP, THE BAHAMAS CITY-ST-ZIP SUITE\_401 UDE Delete TITLE" NAME NASSAU, NP, THE BAHAMAS MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED