NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400000-1997

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06-11-2002 90400 020 ****61.25

1. Entity Name Carlos Mantilla Ortega Foundation, Inc. DO NOT WRITE IN THIS SPACE R0125127 2. Principal Place of Business 3. Mailing Address 11350 McCormick Rd Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 132=Lake Shore Drive. Unit 1118 City & State 4. FEI Number Applied For North Palm Beach . FL Hunt Valley 59-1904**2**72 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 21031 Fee Required 7. Name and Address of Current Registered Agent Manfilla Dovis C. Street Address (P.O. Box Number is Not Acceptable) 132 Lake Shove Drive N. DO NOT WRITE IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS IIILE Mantilla, Doris C NAME NAME STREET ADDRESS 13 2 Lake Shore Drive Unit 1118 Quay North STREET ACCRESS CITY-S1-7IP Paim Beach F1 33 408 CITY-ST-ZIP HILF Shuson, Thomas NAME MALLE 11350 McCormick Rd EPIII, Suite 901 STREET ADDRESS. STREET ADDRESS CITY-\$1-28P Huntvalley MD 21031 CITY: ST-ZIP TATLE Albornoz, CarlaC NAME STREET ADDRESS AV. 1020 Gonzalez Suarez STREET ADDRESS DO NOT WRITE CITY-S1-ZIP Ouito Ecuador CITY: ST-78P TITLE TITLE IN THIS SPACE Mantilla Pavid C NAME NAME AV.1025 GONZALEZ SUGVEZ STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZP Quito, Ecuador HALE TITLE. NAME Mantilla, Roberto C HAME ... STREET ADDRESS AV. 1025 Gonzalez Suarez STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP Quito, Echador

12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE "

NAME .

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Y

Iturralde, Andrea C

STREET ADDRESS AV 1025 Gonzalez Suarez

Penito, Echanor

111LE

NAME

CITY-SI-ZIP

THOMAS W. JOHNS

5/31/02 410.785-4990