FILED 2001 Uniform Business Repcrt (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P0000000160 1. Entity Name 05-23-2001 90228 018 ***150.00 SAI INTERNATIONAL USA, INC. Principal Place of Business Mailing Address 1970 East Osceola Parkway 717 East Oak Street Kissimmee, FL 34743 Kissimmee, FL 34744 659983 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. 41, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3665171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harry_J. Swart, CPA Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 717 East Oak Street 343 Almeria Avenue Coral Gables, FL 33134 Zip Code 34744 FL Kissimmee@ 8. The above named whity submits his statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. 4/26/01 SIGNATURE ignature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P,T,D ☐ Addition Change TITLE ☐ Delete THE Hiten Arya NAME HAME STREET ADDRE: S STREET ADDRESS 1970 East Osceola Parkway CITY-ST-ZIP CITY-ST-ZIP Kissimmee, Fl Change Addition S, VP; D ☐ Delete TITLE TITLE NAME NAME S./Arya Businia Industr STREET ADDRESS STREET ADDRESS 1970 East Osceola Parkway CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34743 XX \ddition Change ☐ Delete OTHE NAME Aswinkumar Arya STREET ADDRE: S STREET ADDRESS 1970 East Osceola Parkway 12.71 CITY-ST-ZIP DITY ST-ZIP Kissimmee, Fl 34743 ☐ Addition Change ☐ Delete TITLE TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Addition ☐ Delete HILE ☐ Change TILE NAME (JANAL) STREET ADDRE. S STREET ADDRESS CITY-ST-ZIP CDY-ST-7IP Change ☐ Addition ☐ Delete TITLE 371.5 NAME JAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 13. Thereby 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 or supplemental report is true and accurate and that rily 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (R DIRECTOR Date Daytime Phone #