Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 26, 2001 8:00 am DOCUMENT # P0000016153 **Secretary of State** 1. Entity Name TIANTAI USA, INC. 03-26-2001 90170 031 ***150.00 Principal Place of Business Mailing Address 10577 ROCKET BLVD., SUITE D 7712 HIDDEN IVY COURT ORLANDO FL 32824-8513 ORLANDO FL 32819-4602 818220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ------- 7:- Name and Address of New Registered Agent --YEE CHAU, AGNES MAN Street Address (P.O. Box Number is Not Acceptable) 315 E ROBINSON STREET SUITE 600 ORLANDO FL 32801 City Zip Code 8. The above named entitle omits this stakement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE red agent and title if applicable, (NOTE: 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE TITLE ☐ Change ☐ Addition WANG, RUO-IISONG NAME NAME 14TH FLOOR SCIENCE CITY #30 QU TANGXIA RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ZINGDAO, CHINA ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE __ Change __ Addition_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME 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 13. 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. | 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 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.

E OF SIGNING OFFICER OR DIRECTOR