2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000023618

FILED Jan 15, 2003 Secretary of State

| Entity Name: FINANCIA | AL SYSTEMS CO. U.S.A., INC |). | | |
|--|----------------------------------|------------------------------------|--|--|
| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
| 1111 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131 | | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 1111 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131 | | | | |
| FEI Number: 65-1037488 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| DURAN, ALFREDO G SUITE 1400, TERREMAF 2601 SO. BAYSHORE DI MIAMI, FL 33133 US | | | | |
| The above named entity sin the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electron | ic Signature of Registered Age | ent | Date | |
| Election Campaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: DP () Name: PARRY, GRAHA | Delete AM JOHN | Title: DP (Name: PARRY, GRA | (X) Change ()Addition HAM JOHN | |

PARRY, GRAHAM JOHN 3466 PINE HAVEN CIRCLE

City-St-Zip: BOCA RATON, FL 33431

Address:

Title: () Delete MUJICA, MARIA JIMENA Name: Address: 3466 PINE HAVE CIRCLE

BOCA RATON, FL 33431 City-St-Zip:

PARRY, GRAHAM JOHN Name:

1111 BRICKELL AVE, SUITE 1100 Address:

City-St-Zip: MIAMI, FL 33131

Title: (X) Change () Addition

MUJICA, MARIA JIMENA Name:

Address: 1111 BRICKELL AVE, SUITE 1100

MIAMI, FL 33131 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAHAM JOHN PARRY DP 01/15/2003