Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90375 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000041025 GEOFFREY NATHAN CONSULTING INC. Principal Place of Business Mailing Address KERMODE HOUSE, PARLIAMENT STREET KERMODE HOUSE, PARLIAMENT STREET 24062358 2ND FLOOR 2ND FLOOR RAMSEY, ISLE OF MAN. RAMSEY, ISLE OF MAN, im8-1a9 im8-1a9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 98-0233681 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box IMS IAG Im8 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SD TITLE ☐ Change ☐ Addition TITLE ☐ Delete BREW, KAREN NAME NAME STREET ADDRESS EAST LOUGHLAN, JURBY EAST, JURBY STREET ADDRESS CITY-ST-ZIP ISLE OF MAN IM7 3EZ, CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CORDINGLEY, RICHARD cordingley Howard 9 Greenlands Park NAME NAMÉ KERMODE HOUSE, PARLIAMENT STREET, 2ND FL STREET ADDRESS STREET ADDRESS IMB 2PG RAMSEN ISLE OF MAN RAMSEY, ISLE OF MAN, IM8 1A9 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 0044 1624814300

SIGNATURE:

KAREN BLEW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #