2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105360

1. Entity Name
EURO MURRELL, INC.

Principal Place of Business	Mailing Address
4300 W CYPRESS ST. STE 1075	4300 W CYPRESS ST. STE 1075
TAMPA FL 33607	TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3758961**   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMEURCO MANAGEMENT, INC. 4300 W CYPRESS ST, STE 1075 TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ 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 _____

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT   2/20/03
DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: EVP NAME: BURDGE, BRUCE D STREET ADDRESS: 4300 W. CYPRESS ST., STE 1075 CITY-ST-ZIP: TAMPA FL 33607	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Herman Bessem	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: President NAME: Koninginnegracht 7 STREET ADDRESS: Postbus 16355 CITY-ST-ZIP: 2500 BJ Den Haag,	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: The Netherlands NAME: STREET ADDRESS: CITY-ST-ZIP: Herman Bessem	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: President NAME: 4300 W. Cypress St. STREET ADDRESS: Suite 1075 CITY-ST-ZIP: Tampa, FL 33607	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Romain de Jaeger	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: Secretary NAME: Koninginnegracht 7 STREET ADDRESS: 2514 AA Den Haag CITY-ST-ZIP: The Netherlands	☐ Change ☒ Addition

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.

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT   2/20/03

SIGNATURE: _SIGNATURE REQUIRED_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)