FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 06, 2002 8:00 am Secretary of State DOCUMENT # P01000114040 1. Entity Name 05-06-2002 90205 027 ***158.75 VILLIGER NORTH AMERICA CORPORATION Principal Place of Business Mailing Address 21440 MILLBROOK COURT 21440 MILLBROOK COURT **BOCA RATON FL 33498 BOCA RATON FL 33498** Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0569622 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired しくろ Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATRICK, CURTIN 21440 MILLBROOK COURT **BOCA RATON FL 33498** 8. The above named entit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Vice President TITLE ☐ Delete TITLE NAME NAME HARTL. FRANZ U N.W. 167th Terrace STREET ADDRESS STREET ADDRESS **AEGERISTRASSE 116** CITY-ST-ZIP CITY-ST-ZIP ZUG ZU 6300 TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 903 Birmensdort, Switzerland CITY_ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Elizalde NAME 7630 N.W. 864 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS

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. I further certify that the information indicated on this report or supplemental port 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 dusplee 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SGNATURE WAS TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/23/02 (305) 477-8/62
Daytime Phone #

Change

☐ Addition