FILED Apr 07, 2003 8:00 am

2003 FOR PROFIT CORPORAT

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DOCUMENT # P02000124652 1. Entity Name STOCKHOLM THREE MERGER CORP.								Secretary of State 04-07-2003 90176 042 ***150.00					
Principal Place of Business % THE FIRST AMERICAN CORPOROTION 1 FIRST AMERICAN WAY SANTA ANA CA 92707				Mailing Address % THE FIRST AMERICAN CORPORQTION 1 FIRST AMERICAN WAY SANTA ANA CA 92707									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				DHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number Applied For X Not Applicable					
Zip Country					Country			5. 0	Certificate of Status Desi	ed 🗆		75 Add Requires	litional
******	6 Name	and Address of Current	Register	ed Agent				7 N	Name and Address of N	ew Registers	nanA h	•	
	<u> </u>	dia Address of Ourient	legisier	co Agent		Name	*	7. 1	Tanie and Address of It	en riegistere	u Agen	<u></u>	
CORPORATION SERVICE COMPANY							Street Address (P.O. Box Number is Not Acceptable)						
	/s street Ssee fl 32	301-2525											
		·				City				F	Ž	Zip Code	
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	tions of regist	y submits this statement for ered agent.	tne purp	oose of changing its re	egistere	а опісе в	r registere	o age	ent, or both, in the State i	я гюпаа, та	m tampa	ar with, a	апо ассері
SIGNATURE ·		or printed name of registered agent a	nd title il app	plicable. (NOTE: F	Registered	d Agent signat	ure required v	vhen rei	instating)	DAT			
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	DIRECTO	DRS .	11.			ADI	DITIONS/CHANGES TO	OFFICERS A	ND DIRE	ECTORS	S IN 11
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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 trystee 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WAREDURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #