

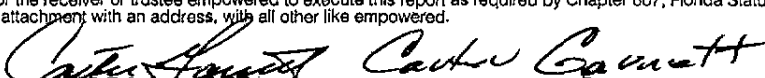


FILED
Apr 16, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between; align-items: center;"><div>DOCUMENT # P03000118049 1. Entity Name CGG INVESTMENTS, INC.</div><div style="text-align: center;"></div></div>		<div style="text-align: right;">Secretary of State</div>				
<div style="width:48%;">Principal Place of Business 4015 NORTH WOODLAND POINT CRYSTAL RIVER, FL 34428</div> <div style="width:48%;">Mailing Address 4015 NORTH WOODLAND POINT CRYSTAL RIVER, FL 34428</div>						
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: small;">04132005No Chg-PCR2E034 (10/03)</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%; font-size: x-small;">4. FEI Number 20-1417398</td><td style="width:20%; font-size: x-small;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="font-size: x-small;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-1417398	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 20-1417398	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE				
KOVACH, MICHAEL T JR. 106 NORTH OSCEOLA AVENUE INVERNESS, FL 34450						
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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<div style="text-align: right; font-size: small; margin-bottom: 20px;">000000309276 04/16/05-80030-015 150.00</div> DO NOT WRITE IN THIS SPACE				
TITLE	D GARNET, CARTER					
NAME	4015 NORTH WOODLAND POINT					
STREET ADDRESS	CRYSTAL RIVER, FL 34428					
CITY-ST-ZIP						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
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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 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.						
SIGNATURE:  Carter Garnett		Date 4/14/05 Daytime Phone # 352 400 1161				