2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 09, 2000 8:00 am Secretary of State **DOCUMENT # P05783** 1. Entity Name LEID VAST III, B.V. 05-09-2000 90094 016 ***150.00 Mailing Address Principal Place of Business 15436 N. FLORIDA AVE., STE. 101 15436 N. FLORIDA AVE., STE, 101 TAMPA FL 33613-1225 **TAMPA FL 33613** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 98-0058061 Not Applicable Country - -\$8.75 Additional Zip. Country 5. Certificate of Status Desired 🗀 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANSEN, VICTOR R. Street Address (P.O. Box Number is Not Acceptable) 13902 N DALE MABRY HWY #165 TAMPA FL 33618 Zip Code FL 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE FORUM CAPITAL B.V. NAME NAME STREET ADDRESS STREET ADDRESS PARKLAAN 18 3016 BB CITY-ST-ZIP CITY-ST-ZIP **ROTTERMAN TH** ☐ Change Addition ☐ Delete TITLE FRANSEN, VICTOR R. NAME 8221 OLD COURTHOUSE ROAD, SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP _ VIENNA VA ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 of the receiver or trustee 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.

VICTOR R. FRANSEN

WATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED