FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Block 12 or Block 13 if changed, or on an at

Mar 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P05784 LEID VAST I. B.V. Principal Place of Business Mailing Address 'S-GRAVELANDEWEG 86D 'S-GRAVELANDEWEG 86D P O BOX 826 P O BOX 826 DO NOT WRITE IN THIS SPACE HILVERSUM. THE NETHERLANDS 12070 HILVERSUM. THE NETHERLANDS 12070 3. Date Incorporated or Qualified 04/24/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Olympia 2G P.O. Box 826 52-1204801 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Hilversum П 23 Hilversum 28 Trust Fund Contribution Added to Fees Country The CountryThe Zip 8. This corporation owes or has paid the current year Intaggible 24 25 Netherlands 29 1200 AV 30 Netherlands Personal Property Tax due June 30. Yes **X**N₀ 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILSON, HARRY M III SMITH & HULSEY Street Address (P.O. Box Number is Not Acceptable) 82 500 BARNETT BANK BUILDING 63 JACKSONVILLE FL 32202 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change ___ Addition TITLE SOFAM BEHEER B.V. NAME 1.2 NAME **'S GRAVELANDSEWEG 86D** STREET ADDRESS 1.3 STREET ADDRESS Olympia 2G HILVERSUM, NETHERLANDS CITY-ST-ZIP 1.4 CITY-ST-ZIP Hilversum, The Netherlands DELETE Change ☐ Addition TITLE 2.1 TITLE BOEGSCHOTEN, L.J. NAME 2.2 NAME **'S GRAVELANDSEWEG 86D** STREET ADDRESS 2.3 STREET ADDRESS Olympia 2G **HILVERSUM, NETHERLANDS** 2.4 CITY-ST-ZIP The Netherlands CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this indicated on this annual report or supplemental and officer or director of the corporation or the recovery. toos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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