

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90002 018 ***150.00

DOCUMENT # P08347

1. Entity Name

CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION

Principal Place of Business

Mailing Address

1760 BRISTOL RD
 WARRINGTON PA 18976
 US

1760 BRISTOL RD
 P O BOX 160
 WARRINGTON PA 18976-0160
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1523924

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, H R JR.
4449 RUMMELL ROAD.
P.O. BOX 245
ST. CLOUD FL 32769

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD**
 STREET ADDRESS **PEARMAN, R. S. L**
 CITY-ST-ZIP **BOX 1022, CHURCH ST. W. HAMILTON, BERMUDA**

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **COTTINGHAM, D R**
 CITY-ST-ZIP **CENTURY HSE 16 PAR-LA-VILLE RD HAMILTON, BERMUDA**

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **SCOTT, A**
 CITY-ST-ZIP **TOWER HILL HSE. ST. PETERS PORT GUERNSEY CHANNEL, ISL**

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **MADHVANI, MAYUR M**
 CITY-ST-ZIP **BOX 51148, MAMA NGINA ST NAIROBI, KENYA**

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MORRIS, S A**
 CITY-ST-ZIP **CENTURY HSE 16 PAR-LA-VILLE RD HAMILTON, BERMUDA**

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Additio
 NAME **STEPHEN B HARRIS**
 STREET ADDRESS **1760 BRISTOL RD**
 CITY-ST-ZIP **P.O. BOX 160 WARRINGTON PA 18976** **DIRECTOR**

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 or 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 my address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

215 343 9000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE