2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 am **DOCUMENT # P12912** 1. Entity Name **Secretary of State** MARCDEV, INC. 03-07-2000 90071 050 ***150.00 Principal Place of Business Mailing Address 22 ST. CLAIR AVENUE EAST 22 ST. CLAIR AVENUE EAST **SUITE 1010 SUITE 1010** TORONTO. ONTARIO CN. M4T. 2 TORONTO, ONTARIO-CN M4T 23- 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-2443450 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired C1-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILÉ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MÄY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition De ete TITLE NAME NAME RAFELMAN, DONALD STREET ADDRESS 22 ST. CLAIR AVE. EAST #1010 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CAN M4-T283 Addition ☐ Delete TITI F SCHIPPER, LIONEL NAME NAME STREET ADDRESS STREET ADDRESS 22 ST. CLAIR AVE. EAST #1010 CITY-ST-7IP CITY-ST-ZIP TORONTO ONTARIO CAN M4-T2S3 Addition VSTD..... TITLE ☐ Delete TITLE NAME BROTMAN, AARON NAME STREET ADDRESS STREET ADDRESS 22 ST. CLAIR AVE. EAST #1010 C(TY-ST-7)P CITY-ST-ZIP TORONTO ONTARIO CAN M4-T2S9-☐ Addition ☐ Delete TITLE NAME NAME SHIEL, JAY STREET ADDRESS 22 ST CLAIR AVE EAST #1010 STREET ADDRESS M4T 253 CITY-ST-ZIP CITY-ST-7IP TORONTO ONTARIO CA M4-T2S3 - Change ☐ Addition ☐ D∈lete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME

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 ruy 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 employered 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CIUTE SIGNATURE AND TYPED OR HAIDTED NAME OF SIGNING OFFICER OR DIRECTOR

AARON BROTMAN FER 23/001