2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # P30739** 1. Entity Name VIA NORTH AMERICA, INC. 01-26-2000 90016 032 ***150.00 Principal Place of Business Mailing Address 15950 S.W. KANNER HIGHWAY 15950 S.W. KANNER HIGHWAY INDIANTOWN FL 34956 INDIANTOWN FL 34956-3138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1811383 Not≙ooii Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, ANDREW R. Street Address (P.O. Box Number is Not Acceptable) 15950 KANNER HIGHWAY S.W. INDIANTOWN FL 34956 Zip Code City 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. DATE (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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE Delete CP LAUNOIS, ANDRE NAME NAME BRUNO LADRIERE STREET ADDRESS STREET ADDRESS 8 RUE VOLNEY 3_RUE D'"ANTIN CITY-ST-ZIP CITY-ST-ZIP PARIS, FRANCE 75002 PARIS, FRANCE 75078 **VPDS** X Change ☐ Additior ☐ Delete TITLE TITLE HAMON, MICHEL NAME NAME 15950 SW KANNER HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANTOWN FL Change ☐ Additior TITLE TITLE ☐ Delete TAYLOR, ANDREW R NAME NAME STREET ADDRESS 15950 SW KANNER HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANTOWN FL TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additior ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 brustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver ochanged, or on an attachment with trustee empowered to execute to an address, with all other like em

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

1-17-2000